

UNITED STATES OF AMERICA NATIONAL LABOR  
RELATIONS BOARD**CHARGE AGAINST EMPLOYER****INSTRUCTIONS:**

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
13-CA-193618	2/22/17

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer Rebuild Foundation		b. Tel. No. (312)857-5561
		c. Cell No.
d. Address (street, city, state ZIP code) 6760 S Stony Island Ave, Chicago, IL 60649-1026	e. Employer Representative (b) (6), (b) (7)(C)	f. Fax No.
		g. e-Mail (b) (6), (b) (7)(C)@rebuild-foundation.org
		h. Dispute Location (City and State) Chicago, IL
i. Type of Establishment (factory, nursing home, hotel) non-profit arts foundation	j. Principal Product or Service cultural programs and workshop	k. Number of workers at dispute location 19
l. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the / practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)		

On about (b) (6), (b) (7)(C) 2017, the above-named Employer unlawfully suspended its employee, (b) (6), (b) (7)(C), from working pending an investigation, in retaliation for (b) (6), (b) (7)(C) engaging in protected concerted activities, in violation of the Act.

3. Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C)	
4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b. Tel. No. (b) (6), (b) (7)(C)
	4c. Cell No.
	4d. Fax No.
	4e. e-Mail (b) (6), (b) (7)(C)
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	Tel. No. (b) (6), (b) (7)(C)
By: (b) (6), (b) (7)(C), an individual (signature of representative or person making charge) Print Name and Title Address:	Office, if any, Cell No.
(b) (6), (b) (7)(C) Date:	Fax No.
	e-Mail (b) (6), (b) (7)(C)

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. (b) (6), (b) (7)(C)

X (b) (6), (b) (7)(C) 2/22/17

Cases

Case Number	Case Name	Case Actions	Date Filed	Status	IA Category	Charging Party/ Petitioner	Blocked	Hot Topics	Dispute/Unit City	Dispute/ Unit State	Charged Party/Employer	No. 8(b)(2) Discriminatees	No. 8(a)(3) Discriminatees	No. of Employees on Petition/Charge	Description	Inquiry Id	Type	Sub Type	Team	Field Agent	Field Supervisor	Barg Status	Closed Reason	Date Closed	New	File O	Method of Contact
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No Queries for Employer



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 13  
Dirksen Federal Building  
219 South Dearborn Street, Suite 808  
Chicago, IL 60604-2027

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (312)353-7570  
Fax: (312)886-1341



Download  
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Mobile App

February 23, 2017

(b) (6), (b) (7)(C)

Rebuild Foundation  
6760 South Stony Island Avenue  
Chicago, IL 60649-1026

Re: Rebuild Foundation  
Case 13-CA-193618

Dear (b) (6), (b) (7)(C):

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Examiner Maria Guerrero whose telephone number is (312)353-0329 and e-mail address is [maria.guerrero@nlrb.gov](mailto:maria.guerrero@nlrb.gov). If this Board agent is not available, you may contact Supervisory Examiner Kate Gianopulos whose telephone number is (312)353-4162.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, [www.nlrb.gov](http://www.nlrb.gov), or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge by March 8, 2017. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be

February 23, 2017

considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

**Procedures:** We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, [www.nlr.gov](http://www.nlr.gov) or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Peter Sung Ohr', with a long horizontal line extending to the right.

Peter Sung Ohr  
Regional Director

MG/dg

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

Revised 3/21/2011

## NATIONAL LABOR RELATIONS BOARD

**QUESTIONNAIRE ON COMMERCE INFORMATION**

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

CASE NUMBER

13-CA-193618

**1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)****2. TYPE OF ENTITY**☐ CORPORATION ☐ LLC ☐ LLP ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ OTHER (Specify )**3. IF A CORPORATION or LLC**A. STATE OF INCORPORATION  
OR FORMATION

B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

**4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS****5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR****6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).****7. A. PRINCIPAL LOCATION:****B. BRANCH LOCATIONS:****8. NUMBER OF PEOPLE PRESENTLY EMPLOYED**

A. Total:

B. At the address involved in this matter:

**9. DURING THE MOST RECENT (Check appropriate box): ☐ CALENDAR YR ☐ 12 MONTHS or ☐ FISCAL YR (FY dates )**

YES NO

A. Did you **provide services** valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value.  
\$B. If you answered no to 9A, did you **provide services** valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided.  
\$C. If you answered no to 9A and 9B, did you **provide services** valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$D. Did you **sell goods** valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$E. If you answered no to 9D, did you **sell goods** valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount.  
\$F. Did you **purchase and receive goods** valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$G. Did you **purchase and receive goods** valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$H. **Gross Revenues** from all sales or performance of services (Check the largest amount)  
☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 or more If less than \$100,000, indicate amount.I. Did you **begin operations within the last 12 months?** If yes, specify date: \_\_\_\_\_**10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?**☐ YES ☐ NO (If yes, name and address of association or group).**11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS**

NAME

TITLE

E-MAIL ADDRESS

TEL. NUMBER

**12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE**

NAME AND TITLE (Type or Print)

SIGNATURE

E-MAIL ADDRESS

DATE

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**REBUILD FOUNDATION**

Charged Party

and

**(b) (6), (b) (7)(C)**

Charging Party

**Case 13-CA-193618**

**AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, state under oath that on February 23, 2017, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

**(b) (6), (b) (7)(C)**

Rebuild Foundation  
6760 South Stony Island Avenue  
Chicago, IL 60649-1026

February 23, 2017

\_\_\_\_\_  
Date

Denise Gatsoudis, Designated Agent of  
NLRB

\_\_\_\_\_  
Name

*/s/ Denise Gatsoudis*

\_\_\_\_\_  
Signature



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 13  
Dirksen Federal Building  
219 South Dearborn Street, Suite 808  
Chicago, IL 60604-2027

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (312)353-7570  
Fax: (312)886-1341



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February 23, 2017

(b) (6), (b) (7)(C)

Re: Rebuild Foundation  
Case 13-CA-193618

Dear (b) (6), (b) (7)(C):

The charge that you filed in this case on February 22, 2017 has been docketed as case number 13-CA-193618. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Examiner Maria Guerrero whose telephone number is (312)353-0329 and e-mail address is [maria.guerrero@nlrb.gov](mailto:maria.guerrero@nlrb.gov). If this Board agent is not available, you may contact Supervisory Examiner Kate Gianopulos whose telephone number is (312)353-4162.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, [www.nlr.gov](http://www.nlr.gov), or at the Regional office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

**Procedures:** We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue

February 23, 2017

to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website [www.nlr.gov](http://www.nlr.gov) or from the Regional Office upon your request. *NLRB Form 4541, Investigative Procedures* offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink, appearing to be 'Peter Sung Ohr', written over a horizontal line.

Peter Sung Ohr  
Regional Director

MG/dg  
Enclosure:  
Copy of Charge

**From:** [Prokop, Jana.C.](#)  
**To:** [\(b\) \(6\), @rebuild-foundation.org](#)  
**Subject:** Rebuild Foundation 13-CA-193618  
**Date:** Friday, February 24, 2017 10:40:00 AM  
**Attachments:** [DCK.13-CA-193618.pdf](#)  
[CHG.13-CA-193618.signed charge.pdf](#)

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Hi (b) (6), (b) (7)(C),

Attached is a courtesy copy of the charge that was filed against Rebuild Foundation yesterday along with our initial letter to the Employer. They were both sent by US mail as well. If you have any questions, please contact the board agent assigned the charge, Maria Guerrero. Thank you!

Jana Prokop  
Field Examiner  
National Labor Relations Board, Region 13  
219 S Dearborn - Suite 808  
Chicago, IL 60604  
312-353-8613 (p) | 312-886-1341 (f)  
<http://www.nlr.gov>



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 13  
Dirksen Federal Building  
219 South Dearborn Street, Suite 808  
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February 23, 2017

(b) (6), (b) (7)(C)

Rebuild Foundation  
6760 South Stony Island Avenue  
Chicago, IL 60649-1026

Re: Rebuild Foundation  
Case 13-CA-193618

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**Presentation of Your Evidence:** We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge by March 8, 2017. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be

considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

**Procedures:** We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, [www.nlr.gov](http://www.nlr.gov) or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Peter Sung Ohr', with a long horizontal stroke extending to the right.

Peter Sung Ohr  
Regional Director

MG/dg

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

**QUESTIONNAIRE ON COMMERCE INFORMATION**

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

CASE NUMBER

13-CA-193618

**1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)****2. TYPE OF ENTITY**☐ CORPORATION ☐ LLC ☐ LLP ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ OTHER (Specify )**3. IF A CORPORATION or LLC**A. STATE OF INCORPORATION  
OR FORMATION

B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

**4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS****5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR****6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).****7. A. PRINCIPAL LOCATION:****B. BRANCH LOCATIONS:****8. NUMBER OF PEOPLE PRESENTLY EMPLOYED**

A. Total:

B. At the address involved in this matter:

**9. DURING THE MOST RECENT (Check appropriate box): ☐ CALENDAR YR ☐ 12 MONTHS or ☐ FISCAL YR (FY dates )**A. Did you **provide services** valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value.  
\$

YES

NO

B. If you answered no to 9A, did you **provide services** valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided.  
\$C. If you answered no to 9A and 9B, did you **provide services** valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$D. Did you **sell goods** valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$E. If you answered no to 9D, did you **sell goods** valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount.  
\$F. Did you **purchase and receive goods** valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$G. Did you **purchase and receive goods** valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$H. **Gross Revenues** from all sales or performance of services (Check the largest amount)  
☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 or more If less than \$100,000, indicate amount.I. **Did you begin operations within the last 12 months?** If yes, specify date: \_\_\_\_\_**10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?**☐ YES ☐ NO (If yes, name and address of association or group).**11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS**

NAME

TITLE

E-MAIL ADDRESS

TEL. NUMBER

**12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE**

NAME AND TITLE (Type or Print)

SIGNATURE

E-MAIL ADDRESS

DATE

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**REBUILD FOUNDATION**

Charged Party

and

**(b) (6), (b) (7)(C)**

Charging Party

**Case 13-CA-193618**

**AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, state under oath that on February 23, 2017, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

**(b) (6), (b) (7)(C)**

Rebuild Foundation  
6760 South Stony Island Avenue  
Chicago, IL 60649-1026

February 23, 2017

\_\_\_\_\_  
Date

Denise Gatsoudis, Designated Agent of  
NLRB

\_\_\_\_\_  
Name

*/s/ Denise Gatsoudis*

\_\_\_\_\_  
Signature

UNITED STATES OF AMERICA NATIONAL LABOR  
RELATIONS BOARD**CHARGE AGAINST EMPLOYER****INSTRUCTIONS:**

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
13-CA-193618	2/22/17

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer Rebuild Foundation		b. Tel. No. (312)857-5561
		c. Cell No.
d. Address (street, city, state ZIP code) 6760 S Stony Island Ave, Chicago, IL 60649-1026	e. Employer Representative (b) (6), (b) (7)(C)	f. Fax No.
		g. e-Mail (b) (6), (b) (7)(C)@rebuild-foundation.org
		h. Dispute Location (City and State) Chicago, IL
i. Type of Establishment (factory, nursing home, hotel) non-profit arts foundation	j. Principal Product or Service cultural programs and workshop	k. Number of workers at dispute location 19
l. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the / practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)		

On about (b) (6), (b) (7)(C), 2017, the above-named Employer unlawfully suspended its employee, (b) (6), (b) (7)(C), from working pending an investigation, in retaliation for (b) (6), (b) (7)(C) engaging in protected concerted activities, in violation of the Act.

3. Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C)	
4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b. Tel. No. (b) (6), (b) (7)(C)
	4c. Cell No.
	4d. Fax No.
	4e. e-Mail (b) (6), (b) (7)(C)
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	Tel. No. (b) (6), (b) (7)(C)
By: (b) (6), (b) (7)(C), an individual (signature of representative or person making charge) Print Name and Title Address:	Office, if any, Cell No.
(b) (6), (b) (7)(C) Date:	Fax No.
	e-Mail (b) (6), (b) (7)(C)

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. (b) (6), (b) (7)(C)

X (b) (6), (b) (7)(C) 2/22/17

**From:** Guerrero, Maria  
**To:** (b) (6), (b) (7)(C)  
**Subject:** FW: Affidavit Appointment: Rebuild Foundation 13-CA-193618 (b) (6), (b) (7)(C)  
**Date:** Monday, (b) (6), (b) (7)(C) 2017 7:39:00 AM  
**Attachments:** [image001.gif](#)

---

(b) (6), (b) (7)(C),

This is just a reminder of your affidavit appointment scheduled for tomorrow. Please let me know if you have any questions. I look forward to meeting with you.

Regards,

**Maria G. Guerrero, Field Examiner**  
National Labor Relations Board | Region 13  
219 South Dearborn Street, Suite 808  
Chicago, Illinois 60604

Main: 312.353.7570  
Direct: 312.353.0329  
Fax: 312.886.1341

---

**From:** Guerrero, Maria  
**Sent:** Thursday, (b) (6), (b) (7)(C) 2017 2:03 PM  
**To:** (b) (6), (b) (7)(C)  
**Subject:** Affidavit Appointment: Rebuild Foundation 13-CA-193618 (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C):

This e-mail will confirm your affidavit appointment for **Tuesday, (b) (6), (b) (7)(C) 2017** beginning at **10:30am**. Our office is located at **219 South Dearborn Street Suite 808 Chicago, IL 60604** in the **Dirksen Federal Building**. When you arrive at the building you will need to complete the check-in process with security. You will need to present a valid form of picture identification in order to complete the check-in process. Once you are checked in, you will be allowed to proceed to our offices on the 8<sup>th</sup> floor. When you arrive on the 8<sup>th</sup> floor please tell the receptionist that you are there for an affidavit appointment.

As the Regional Director previously indicated, it is the Charging Party's obligation to promptly present evidence and duty to cooperate in this investigation. If the Charging Party evidence is not timely presented, then the charge might be subject to dismissal for lack of cooperation, absent withdrawal.

Please review the information below prior to coming in for your appointment.

#### **INFORMATION FOR WITNESSES**

##### **Arrive On Time:**

Please be prompt for your appointment. If you are running late, please call me at (312) 353-

0329 or our receptionist at (312) 353-7570.

**Parking:**

There is limited access to parking garages in the area. The NLRB does not pay for parking. We are also accessible via public transportation.

**What to Expect:**

I will interview you concerning the allegations in the charge, giving you full opportunity to explain. I will prepare a written affidavit (sworn statement) for your signature. In *most* cases, expect your interview to take 2 to 3 hours.

**Bring With You:**

- Any calendar, diary, notes, or other documents with information relevant to the charge, including if applicable copies of disciplines, warnings, suspension or termination.
- Copies of any employment agreement you signed at the beginning of your employment.
- Copy of Job Description.
- Copies of pay stubs from at least two recent paychecks.
- A copy of the employee handbook (if any).
- A copy of any written discipline received while employed.
- A copy of your suspension notice.
- Names, addresses, and phone numbers of other people who have information relevant to the charge. Also, e-mail addresses if possible.

**General Information:**

General information about the NLRB and the National Labor Relations Act, can be found on our website, [www.nlr.gov](http://www.nlr.gov).

Please do not hesitate to contact me if you have any questions.

Regards,

**Maria G. Guerrero, Field Examiner**  
National Labor Relations Board | Region 13  
219 South Dearborn Street, Suite 808  
Chicago, Illinois 60604

Main: 312.353.7570  
Direct: 312.353.0329  
Fax: 312.886.1341



(b) (6), (b) (7)(C) @rebuild-foundation.org>

## Meeting follow up

1 message

(b) (6), (b) (7)(C) @rebuild-foundation.org (b) (6), (b) (7)(C) @rebuild-foundation.org> Fri, (b) (6), (b) (7)(C) 2017 at 6:00 PM  
To: (b) (6), (b) (7)(C) @rebuild-foundation.org  
Cc: (b) (6), (b) (7)(C) @uchicago.edu, (b) (6), (b) (7)(C) @rebuild-foundation.org>

Dear (b) (6), (b) (7)(C)

Thanks for meeting with us today. Please do send us the thoughts you shared.

All best,

(b) (6),  
(b) (7)(C)

via iPhone

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

The University of Chicago  
Classics 314C  
1010 E. 59th Street  
Chicago, IL 60637  
(b) (6), (b) (7)(C) @uchicago.edu

(b) (6), (b) (7)(C)



(b) (6), (b) (7)(C) @rebuild-foundation.org&gt;

## Black Arts and Artisans Labor Coalition Demands

4 messages

(b) (6), (b) (7)(C) @rebuild-foundation.org> Mon, (b) (6), (b) (7)(C), 2017 at 3:29 AM  
To: (b) (6), (b) (7)(C) @rebuild-foundation.org>, (b) (6), (b) (7)(C) @rebuild-foundation.org>,  
(b) (6), (b) (7)(C) @rebuild-foundation.org  
Cc: (b) (6), (b) (7)(C) <info@kinfolkcollective.com>, blackandbrownworkerscollective@gmail.com,  
(b) (6), (b) (7)(C) bbworkerscollective@gmail.com, (b) (6), (b) (7)(C) bbworkerscollective@gmail.com, (b) (6), (b) (7)(C)  
(b) (6), (b) (7)(C)  
Bcc: (b) (6), (b) (7)(C)

Hello,

Please see the attached document. Any formal responses to the following statement should be directed to this email.

(b) (6), (b) (7)(C)

 **Black Arts and Artisans Labor Coalition Demands.pdf**  
1193K

(b) (6), (b) (7)(C) @rebuild-foundation.org> Tue, (b) (6), (b) (7)(C), 2017 at 7:48 AM  
To: (b) (6), (b) (7)(C) @rebuild-foundation.org>  
Cc: (b) (6), (b) (7)(C) @rebuild-foundation.org, (b) (6), (b) (7)(C) @rebuild-foundation.org>

(b) (6), (b) (7)(C) Thank you for this. I'm just returning (b) (6), (b) (7)(C) and will review and talk to the team about the incident on (b) (6), (b) (7)(C) and events since.

(b) (6), (b) (7)(C)

On Tue, (b) (6), (b) (7)(C), 2017 at 7:44 AM, (b) (6), (b) (7)(C) @rebuild-foundation.org> wrote:

[Quoted text hidden]

(b) (6), (b) (7)(C)

Rebuild Foundation  
6916 S. Dorchester Ave | Chicago, IL 60637  
(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Rebuild Foundation  
6916 S. Dorchester Ave.  
Chicago, IL 60637

(b) (6), (b) (7)(C) @rebuild-foundation.org> Tue, (b) (6), (b) (7)(C) 2017 at 7:56 AM  
To: (b) (6), (b) (7)(C) @rebuild-foundation.org>  
Cc: (b) (6), (b) (7)(C) @rebuild-foundation.org>, (b) (6), (b) (7)(C) @rebuild-foundation.org>

Thanks (b) (6), (b) (7)(C) and Thanks (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) we'll get back to you shortly. In the interim, please do not return to work or to any Rebuild program sites.

Thank you,

(b) (6), (b) (7)(C)

[Quoted text hidden]

(b) (6), (b) (7)(C) @rebuild-foundation.org> Sun, (b) (6), (b) (7)(C) 2017 at 9:49 PM  
Drait

----- Forwarded message -----

From: (b) (6), (b) (7)(C) @rebuild-foundation.org>

Date: Feb 20, 2017 3:29 AM

Subject: Black Arts and Artisans Labor Coalition Demands

To: (b) (6), (b) (7)(C) @rebuild-foundation.org>, (b) (6), (b) (7)(C) @rebuild-foundation.org> ,

(b) (6), (b) (7)(C) @rebuild-foundation.org>

[Quoted text hidden]



**Black Arts and Artisans Labor Coalition Demands.pdf**  
1193K



**Kinfolk Collective in coalition with the Black and Brown Workers Collective has formed the *Black Arts and Artisans Labor Coalition* and stand in complete solidarity with current/previous Rebuild Foundation employees. The Rebuild Foundation has created a culture and practice of violence including but not limited to the following declarations:**

- a. WE DECLARE AND AGREE** programmatic and staffing decisions have created a toxic and hostile work environment disproportionately affecting Black workers.
- b. WE DECLARE AND AGREE** that there is an increased or imbalanced supervision or monitoring of vulnerable staff especially Black staff via the hiring of a white managerial class to oversee black laborers.
- c. WE DECLARE AND AGREE** that there exists an inequity or imbalanced pay for front-line staff that do the most laborious work and are often burned out within months due to of lack of support and sustainable infrastructure to assist staff.
- d. WE DECLARE AND AGREE** that there exists a culture and practice of a racialized hierarchy that disproportionately isolates and makes front-line Black staff unable to attain more equitable positions within the organization.
- e. WE DECLARE AND AGREE** that there is an intentional limiting of Black staff's agency and decision making power with regards to their job titles and duties.
- f. WE DECLARE AND AGREE** that Black staff's job descriptions are rewritten without the intent to develop staff's skill-set or support via training or professional development.
- g. WE DECLARE AND AGREE** that there exists targeted policing and accountability for whistle-blowers, staff with critical feedback and

Black Arts and Artisans Labor Coalition

staff that report racial bias which include other forms of violence in the workplace.

- h. WE DECLARE AND AGREE** that the power structure within the rebuild foundation targets Black staff under the assumption of criminality that informs how Black staff are targeted. This comes in the form of accusations and “evidence” without thoroughly investigating incidents.
- i. WE DECLARE AND AGREE** that there is an uplifted retaliation methodology used as the default mode of response to demands of accountability.
- j. WE DECLARE AND AGREE** that this hostile working environment reinforces a culture of selective accountability targeting Black staff for disciplinary actions, firings and intimidation while upholding, supporting and allowing senior staff to remain predatory and violent towards staff.
- k. WE DECLARE AND AGREE** that the lack of a Human Resources department apart from management has exacerbated this toxic and exploitive work climate.

## **WE DEMAND**

- a. A Black community engagement liaison be hired from within the Greater Grand Crossing community.
- b. Rebuild establishes a community advisory committee to develop, implement and oversee accountability standards for Rebuild projects within the communities it engages.
- c. Rebuild hosts reoccurring inclusive community forums centering anti-gentrification strategies and ‘ethical redevelopment.’
- d. Rebuild establishes a Human Resources department that does not include a member of management.
- e. An all staff meeting with aforementioned HR dept. to discuss the discriminatory labor/hiring practices mentioned above.
- f. A formal apology issued by (b) (6), (b) (7)(C) (b) (6), (b) (7)(C), to (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) who was silenced after (b) (6), (b) (7)(C) participation in the most recent “ethical redevelopment” salon series for voicing genuine communal criticisms and concerns.

**The Rebuild Foundation has until March 15<sup>th</sup>, 2017 to respond to the declarations and implement the demands set forth by the broader community. We look forward to further correspondence.**

**###**

PAY PERIOD

(b) (6), (b) (7)(C)

/2017 - 

(b) (6), (b) (7)(C)

/2017

Pay Date: 

(b) (6), (b) (7)(C)

/2017

**EMPLOYER**  
The Rebuild Foundation  
6918 S DORCHESTER AVE  
CHICAGO IL 60637

**EMPLOYEE**  

(b) (6), (b) (7)(C)

  
SSN: 

(b) (6), (b) (7)(C)

**NET PAY:**

(b) (6), (b) (7)(C)

  
Checking# ... 

(b) (6), (b) (7)(C)

<b>BENEFITS</b>	<b>Used</b>	<b>Available</b>
Vacation	0.00	<div>(b) (6), (b) (7)(C)</div>

PAY	QTY	Rate	Current	YTD
Salary			<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>

<b>Total</b>			<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
--------------	--	--	--------------------------------	--------------------------------

TAXES	Current	YTD
Federal Income Tax	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
Social Security	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
Medicare	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
IL Income Tax	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>

<b>Total</b>	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
--------------	--------------------------------	--------------------------------

Net Pay	Current	YTD
	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>

# Rebuild Foundation Employee Handbook

## **ABOUT THIS HANDBOOK / DISCLAIMER**

We prepared this handbook to assist you in finding the answers to many questions that you may have regarding your employment with Rebuild Foundation. Please take the necessary time to read it.

We do not expect this handbook to answer all of your questions. Your Supervisor and the Chief Executive Officer also will be a major source of information.

Neither this handbook nor any other verbal or written communication by a management representative, is, nor should it be considered to be, an agreement, contract of employment, express or implied, or a promise of treatment in any particular manner in any given situation. Rebuild Foundation adheres to the policy of employment at will, which permits the Organization or the employee to terminate the employment relationship at any time, for any reason, with or without cause or notice. No one is authorized to provide any employee with an employment contract or special arrangement concerning terms or conditions of employment unless the contract or agreement is in writing and signed by the Chief Executive Officer.

This handbook states only general Organization guidelines. The Organization may, at any time, in its sole discretion, modify or vary from anything stated in this handbook, with or without notice, except for the rights of the parties to terminate employment at will, which may only be modified by an express written agreement signed by the employee and the Chief Executive Officer.

This handbook supersedes all prior handbooks.

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# **Section 1 - Governing Principles of Employment**

## **1-1. Welcome Statement**

For those of you who are commencing employment with Rebuild Foundation ("Rebuild" or the "Organization"), on behalf of Rebuild Foundation, let me extend a warm and sincere welcome. We hope you will enjoy your work here. We are glad to have you with us.

For those of you who have been with us, thank you for your past and continued service.

Since its founding in 2010, Rebuild has created a diverse, lively, and nurturing environment for its employees, believing that Rebuild will be more productive and successful when each staff member is an active and engaged participant in the work of the organization.

Our culture encourages employees to openly and candidly communicate their ideas, concerns and suggestions directly to our leaders and with each other. Furthermore, Rebuild seeks to continue building an organizational culture that helps each employee to reach his or her full potential, both personally and professionally.

Our workplace and operations function from a foundation and organizing principles of trust, mutual respect, responsibility and accountability. Without compromising external regulations and statutes, or internal policies and guidelines, Rebuild fosters and expects a work ethic of highly motivated productivity and a spirit of collaboration toward shared organizational goals.

You will be asked to acknowledge that you received and understand this Handbook and its contents. Approximately one week after your hire date, the Chief Executive Officer will ask to have your Acknowledgment forms signed and collected for Rebuild' files.

Please read your Handbook carefully and remember that it is available online for your future reference. If you have any questions or would like more information, please do not hesitate to consult your supervisor or the Chief Executive Officer.

I extend to you my personal best wishes for your success and happiness here at Rebuild Foundation. We understand that it is our employees who provide the services that our program participants rely upon, and who will grow and enable us to create new opportunities in the years to come.

## **1-2. Our People Philosophy**

### ***Philosophy***

Rebuild' "people" programs align closely with our vision, mission, values and strategies.

We hold ourselves and one another accountable for world-class excellence, because we are truly “called” to do this important work.

We are all actively encouraged to leverage our life experiences and talents to further Rebuild’s mission.

We treat our leaders, subordinates, colleagues, constituents, funders, Rebuild and all others with fairness, equity, integrity, respect and honesty.

## **1-3. Equal Employment Opportunity**

Rebuild Foundation is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, creed, color, religion, alienage or national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, veteran status, sexual orientation, arrest record, gender identity, gender expression, genetic information or any other characteristic protected by applicable federal, state or local laws. Our management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

The Organization will endeavor to make a reasonable accommodation to the known physical or mental limitations of qualified employees with disabilities unless the accommodation would impose an undue hardship on the operation of our business. If you need assistance to perform your job duties because of a physical or mental condition, please let your Supervisor know.

The Organization will endeavor to accommodate the sincere religious beliefs of its employees to the extent such accommodation does not pose an undue hardship on the Organization's operations. If you wish to request such an accommodation, please speak to your Supervisor.

Any employees with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of your Supervisor. The Organization will not allow any form of retaliation against individuals who raise issues of equal employment opportunity. To ensure our workplace is free of artificial barriers, violation of this policy will lead to discipline, up to and including discharge.

## **1-4. Non-Harassment**

It is Rebuild's policy to prohibit intentional and unintentional harassment of any individual by another person on the basis of any protected classification including, but not limited to, race, color, national origin, disability, religion, marital status, sexual orientation or age. The purpose of this policy is not to regulate our employees' personal morality, but to ensure that in the workplace, no one harasses another individual.

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your Supervisor, the Chief Executive Officer or any other member of management. Under no circumstances is an employee required to report such matters to the person about whom the employee wishes to complain.

Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. Violation of this policy will result in disciplinary action, up to and including discharge. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Organization will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. Employees who make complaints in bad faith may be subject to disciplinary action, up to and including discharge.

## **1-5. Sexual Harassment**

It is Rebuild' policy to prohibit harassment of any employee by any Supervisor, employee, customer or vendor on the basis of sex or gender. The purpose of this policy is not to regulate personal morality within the Organization. It is to ensure that at the Organization all employees are free from sexual harassment. While it is not easy to define precisely what types of conduct could constitute sexual

harassment, examples of prohibited behavior include unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails, text messages and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments. Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about an employee's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of his or her gender which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your Supervisor, the Chief Executive Officer or any other member of management. Under no circumstances is an employee required to report such matters to the person about whom the employee wishes to complain.

Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. Violation of this policy will result in disciplinary action, up to and including discharge. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Organization will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. Employees who make complaints in bad faith may be subject to disciplinary action, up to and including discharge.

## **1-6. Drug and Alcohol-Free Workplace**

To help ensure a safe, healthy and productive work environment for our employees and others, to protect Organization property, and to ensure efficient operations, the Organization has adopted a policy of maintaining a workplace free of drugs and alcohol. This policy applies to all employees and other individuals who perform work for the Organization.

The unlawful or unauthorized use, abuse, solicitation, theft, possession, transfer, purchase, sale or distribution of controlled substances, drug paraphernalia or alcohol by an individual anywhere on Organization premises, while on Organization business (whether or not on Organization premises) or while representing the Organization, is strictly prohibited. Employees and other individuals who work for the Organization also are prohibited from reporting to work or working while they are using or under the influence of alcohol or any controlled substances, except when the use is pursuant to a licensed medical practitioner's instructions and the licensed medical practitioner authorized the employee or individual to report to work.

Employees must notify the Organization within five calendar days if they are convicted of a criminal drug violation in the workplace. Such employees will be subject to discipline up to and including discharge.

Violation of this policy will result in disciplinary action, up to and including discharge.

The Organization has established a drug-free awareness program to make employees aware of the dangers of drug abuse in the workplace.

The Organization maintains a policy of non-discrimination and will endeavor to make reasonable accommodations to assist individuals recovering from substance and alcohol dependencies, and those who have a medical history which reflects treatment for substance abuse conditions. We encourage employees to seek assistance before their substance abuse or alcohol misuse renders them unable to perform the essential functions of their jobs, or jeopardizes the health and safety of any Organization employee, including themselves.

## **1-7. Workplace Violence**

Rebuild Foundation is strongly committed to providing a safe workplace. The purpose of this policy is to minimize the risk of personal injury to employees and damage to Organization and personal property.

We do not expect you to become an expert in psychology or to physically subdue a threatening or violent individual. Indeed, we specifically discourage you from engaging in any physical confrontation with a violent or potentially violent individual. However, we do expect and encourage you to exercise reasonable judgment in identifying potentially dangerous situations.

Experts in the mental health profession state that prior to engaging in acts of violence, troubled individuals often exhibit one or more of the following behaviors or signs: over-resentment, anger and hostility; extreme agitation; making ominous threats such as bad things will happen to a particular person, or a catastrophic event will occur; sudden and significant decline in work performance; irresponsible, irrational, intimidating, aggressive or otherwise inappropriate behavior; reacting to questions with an antagonistic or overtly negative attitude; discussing weapons and their use, and/or brandishing weapons in the workplace; overreacting or reacting harshly to changes in Organization policies and procedures; personality conflicts with co-workers; obsession or preoccupation with a co-worker or Supervisor; attempts to sabotage the work or equipment of a co-worker; blaming others for mistakes and circumstances; or demonstrating a propensity to behave and react irrationally.

### **Prohibited Conduct**

Threats, threatening language or any other acts of aggression or violence made toward or by any Organization employee **WILL NOT BE TOLERATED**. For purposes of this policy, a threat includes any verbal or physical harassment or abuse, any attempt at intimidating or instilling fear in others, menacing gestures, flashing of weapons, stalking or any other hostile, aggressive, injurious or destructive action undertaken for the purpose of domination or intimidation. To the extent permitted by law, employees and visitors are prohibited from carrying weapons onto Organization premises.

### **Procedures for Reporting a Threat**

All potentially dangerous situations, including threats by co-workers, should be reported immediately to any member of management with whom you feel comfortable. Reports of threats may be

maintained confidential to the extent maintaining confidentiality does not impede our ability to investigate and respond to the complaints. All threats will be promptly investigated. No employee will be subjected to retaliation, intimidation or disciplinary action as a result of reporting a threat in good faith under this policy.

If the Organization determines, after an appropriate good faith investigation, that someone has violated this policy, the Organization will take swift and appropriate corrective action.

If you are the recipient of a threat made by an outside party, please follow the steps detailed in this section. It is important for us to be aware of any potential danger in our offices. Indeed, we want to take effective measures to protect everyone from the threat of a violent act by an employee or by anyone else.

## Section 2 - Operational Policies

### 2-1. Employee Classifications

For purposes of this handbook, all employees fall within one of the classifications below.

**Full-Time Employees** - Employees who regularly work at least 40 hours per week who were not hired on a short-term basis.

**Part-Time Employees** - Employees who regularly work fewer than 40 hours per week who were not hired on a short-term basis.

**Short-Term Employees** - Employees who were hired for a specific short-term project, or on a short-term freelance, per diem or temporary basis. Short-Term Employees generally are not eligible for Organization benefits, but are eligible to receive statutory benefits.

In addition to the above classifications, employees are categorized as either "**exempt**" or "**non-exempt**" for purposes of federal and state wage and hour laws. Exempt employees do not receive overtime pay; they generally receive the same weekly salary regardless of hours worked. Such salary may be paid less frequently than weekly. You will be informed of your classifications upon hire and informed of any subsequent changes to your classifications.

You will be informed of your initial employment classification and of your status as an exempt or nonexempt employee at the beginning of your employment. If you change positions during your employment as a result of promotion, transfer or otherwise, you will be informed by the Chief Executive Officer of any change in your exemption status. Please direct any questions to the Chief Executive Officer.

### 2-2. Your Employment Records

In order to obtain your position, you provided us with personal information, such as your address and telephone number. This information is contained in your personnel file.

Please keep your personnel file up to date by informing the Chief Executive Officer of any changes. Also, please inform the Chief Executive Officer of any specialized training or skills you may acquire in the future, as well as any changes to any required visas. Unreported changes of address, marital status, etc. can affect your withholding tax and benefit coverage. Further, an "out of date" emergency contact or an inability to reach you in a crisis could cause a severe health or safety risk or other significant problem.

### 2-3. Working Hours and Schedule

Rebuild Foundation normally is open for business from 9:00 am to 5:00 pm, Monday through Friday. You will be assigned a work schedule and you will be expected to begin and end work

according to the schedule. To accommodate the needs of our organization, at some point we may need to change individual work schedules on either a short-term or long-term basis.

Employees will be provided meal and rest periods as required by law. Your Supervisor will provide further details.

## **2-4. Timekeeping Procedures**

Non-exempt employees must record the time work begins and ends, as well as the beginning and ending time of any departure from work for any non-work-related reason, on forms as prescribed by management.

Altering, falsifying or tampering with time records is prohibited and subjects the employee to discipline, up to and including discharge.

Exempt employees are required to record their daily work attendance and report full days of absence from work for reasons such as leaves of absence, sick leave or personal business.

Non-exempt employees may not start work until their scheduled starting time.

It is your responsibility to sign your time record to certify the accuracy of all time recorded. Any errors in your time record should be reported immediately to your Supervisor, who will attempt to correct legitimate errors.

## **2-5. Overtime**

Like most successful organizations, we experience periods of extremely high activity. During these busy periods, additional work is required from all of us. Your Supervisor is responsible for monitoring business activity and requesting overtime work if it is necessary. Effort will be made to provide you with adequate advance notice in such situations.

Any non-exempt employee who works overtime will be compensated at the rate of one and one-half times (1½) his/her normal hourly wage for all time worked in excess of forty (40) hours each week, unless otherwise required by law.

Employees may work overtime only with prior management authorization.

For purposes of calculating overtime for non-exempt employees, the workweek begins on Monday at 12:01 am and ends on Sunday at midnight.

## **2-6. Travel Time for Non-Exempt Employees**

### **Overnight, Out-of-Town Trips**

Non-exempt employees will be compensated for time spent traveling (except for meal periods) during their normal working hours, on days they are scheduled to work and on unscheduled work days (such as weekends). Non-exempt employees also will be paid for any time spent performing job duties during otherwise non-compensable travel time; however, such work should be limited absent advance management authorization.

### **Out-of-Town Trips for One Day**

Non-exempt employees who travel out of town for a one-day assignment will be paid for all travel time, except for, among other things: (i) time spent traveling between the employee's home and the local railroad, bus or plane terminal; and (ii) meal periods.

### **Local Travel**

Non-exempt employees will be compensated for time spent traveling from one job site to another job site during a workday. The trip home, however, is non-compensable when an employee goes directly home from his/her final job site, unless it is much longer than his/her regular commute home from the regular worksite. In such case, the portion of the trip home in excess of the regular commute is compensable.

### **Commuting Time**

Under the Portal to Portal Act, travel from home to work and from work to home is generally non-compensable. However, if a non-exempt employee regularly reports to a worksite near his/her home, but is required to report to a worksite farther away than the regular worksite, the additional time spent traveling is compensable.

If compensable travel time results in more than 40 hours worked by a non-exempt employee, the employee will be compensated at an overtime rate of one and one-half times the regular rate.

## **2-7. Safe Harbor Policy for Exempt Employees**

It is our policy and practice to accurately compensate employees and to do so in compliance with all applicable state and federal laws. To ensure that you are paid properly and that no improper deductions are made, you must review your pay stubs promptly to identify and report all errors.

If you are classified as an exempt salaried employee, you will receive a salary which is intended to compensate you for all hours you may work for the organization. This salary will be established at the time of hire or when you become classified as an exempt employee. While it may be subject to review and modification from time to time, such as during salary review times, the salary will be a predetermined amount that will not be subject to deductions for variations in the quantity or quality of the work you perform.

Under federal and state law, your salary is subject to certain deductions. For example, unless state law requires otherwise, your salary can be reduced for the following reasons:

- Full-day absences for personal reasons.
- Full-day absences for sickness or disability.
- Full-day disciplinary suspensions for infractions of our written policies and procedures.
- Family and Medical Leave absences (either full- or partial-day absences).
- To offset amounts received as payment for jury and witness fees or military pay.
- The first or last week of employment in the event you work less than a full week.
- Any full work week in which you do not perform any work.

Your salary may also be reduced for certain types of deductions such as your portion of health, dental or life insurance premiums; state, federal or local taxes; social security; or voluntary contributions to a 401(k), 403(b), or pension plan.

In any work week in which you performed any work, your salary will not be reduced for any of the following reasons:

- Partial day absences for personal reasons, sickness or disability.
- Your absence on a day because your employer has decided to close a facility on a scheduled work day.
- Absences for jury duty, attendance as a witness, or military leave in any week in which you have performed any work.
- Any other deductions prohibited by state or federal law.

However, unless state law provides otherwise, deductions may be made to your accrued leave for full- or partial-day absences for personal reasons, sickness or disability.

If you believe you have been subject to any improper deductions, you should immediately report the matter to your supervisor. If the supervisor is unavailable or if you believe it would be inappropriate to contact that person (or if you have not received a prompt and fully acceptable reply), you should immediately contact the Chief Executive Officer or any other supervisor in the Organization with whom you feel comfortable.

## **2-8. Your Paycheck**

You will be paid semi-monthly for all the time you have worked during the past pay period.

Your payroll stub itemizes deductions made from your gross earnings. By law, the Organization is required to make deductions for Social Security, federal income tax and any other appropriate taxes. These required deductions also may include any court-ordered garnishments. Your payroll stub will also differentiate between regular pay received and overtime pay received.

If you believe there is an error in your pay, bring the matter to the attention of the Chief Executive Officer immediately so the Organization can resolve the matter quickly and amicably.

Your paycheck will be given only to you, unless you request that it be mailed, or authorize in writing another person to accept your check for you.

## **2-9. Direct Deposit**

Rebuild Foundation strongly encourages employees to use direct deposit. Authorization forms are available from the Chief Executive Officer.

## **2-10. Salary Advances**

Rebuild Foundation does not permit salary advances on paychecks or as loans against accrued paid time off. Advance pay for vacation must be requested in writing at least two weeks prior to the vacation period.

## **2-11. Performance Reviews**

Depending on your position and classification, Rebuild Foundation endeavors to review your performance two times per year. However, please understand that a positive performance evaluation does not guarantee an increase in salary, a promotion, or continued employment. Compensation increases and the terms and conditions of employment, including job assignments, transfers, promotions, and demotions, are determined by and at the discretion of management.

In addition to these formal performance evaluations, the Organization encourages you and your Supervisor to discuss your job performance on a frequent and ongoing basis.

## **2-12. Record Retention**

The Organization acknowledges its responsibility to preserve information relating to litigation, audits and investigations. Failure on the part of employees to follow this policy can result in possible civil and criminal sanctions against the Organization and its employees and possible disciplinary action against responsible individuals (up to and including termination of employment). Each employee has an obligation to contact their Direct supervisor to inform them of a potential or actual litigation, external audit, investigation or similar proceeding involving the Organization that may have an impact on record retention protocols. The Supervisor who has been informed should then call a meeting to help determine the best course of action.

## **Section 3 - Benefits**

### **3-1. Benefits Overview/Disclaimer**

In addition to good working conditions and competitive pay, it is Rebuild's policy to provide a combination of supplemental benefits to all eligible employees. In keeping with this goal, each benefit program has been carefully devised. These benefits include time-off benefits, such as vacations and holidays. We are constantly studying and evaluating our benefits programs and policies to better meet your present and future requirements. These policies have been developed over the years and continue to be refined to keep up with changing times and needs.

The next few pages contain a brief outline of the benefits programs Rebuild Foundation provides. Of course, the information presented here is intended to serve only as guidelines.

Further, Rebuild Foundation (including the officers and administrators who are responsible for administering the plans) retains full discretionary authority to interpret the terms of the plans, as well as full discretionary authority with regard to administrative matters arising in connection with the plans and all issues concerning benefit terms, eligibility and entitlement.

While the Organization intends to maintain these employee benefits, it reserves the absolute right to modify, amend or terminate these benefits at any time and for any reason.

If you have any questions regarding your benefits, please contact the Chief Executive Officer.

### **3-2. Holidays**

Full-time employees are paid for each of the holidays that Rebuild recognizes plus two floating holidays. Part-time employees are paid for five fixed holidays and two floating holidays. Rebuild recognizes the following holidays:

New Year's Day  
Independence Day  
Thanksgiving Day and the Friday following Thanksgiving Day  
Christmas Day

These Rebuild-recognized holidays are usually celebrated on the date of the national observance. When a holiday falls on a Saturday or Sunday, Rebuild may elect to observe the holiday on another day of the week. Business conditions permitting, holidays falling on Saturdays are observed on the preceding Friday. Holidays falling on Sunday are observed on the following Monday.

Unless work requirements necessitate attendance, it is Rebuild's intention to grant regular employees such holidays off from work.

When holidays fall or are celebrated on a regular work day, eligible employees will receive one (1) day's pay at their regular straight-time rate. Eligible employees who are called in to work on a holiday will receive one (1) day's pay at their regular straight-time rate, and an additional payment of straight-time for the actual time they work that day.

If a holiday falls within an eligible employee's approved vacation period, the eligible employee will be paid for the holiday (at the regular straight-time rate) in addition to the vacation day, or the eligible employee will receive an additional vacation day at the option of the Organization.

If a holiday falls within a jury duty or paid bereavement leave, the eligible employee will be paid for the holiday (at the regular straight-time rate) in addition to the leave day, or the eligible employee will receive an additional day off at the option of the Organization.

Employees on an authorized unpaid leave of absence will not be paid for holidays observed during the leave.

Employees may take the two floating holidays during the year, after first receiving approval from their Supervisors.

### **3-3. Paid Time Off**

We know how hard you work and recognize the importance of providing you with time for rest and relaxation. We fully encourage you to get this rest by taking your paid time off. Time off under this policy includes extended time off, such as for a vacation, and incidental time due to sickness or to handle personal affairs.

As of January 1, 2016, we will be shifting to a Paid Time Off ("PTO") approach under which there are no separate categories of vacation, sick and personal time off. Full-time employees accrue paid time off throughout the year, and will be able to "borrow" against the full year's accrual with the advance permission of your direct supervisor.

All PTO time not taken to which the employee is otherwise entitled will be forfeited on December 31, except for up to 5 days which can be carried over into the next year and used through March 31.

The PTO accrual rate for active full-time employees is even throughout the year as follows:

### **Associates**

Maximum Potential "Bank" of days any person may hold at any one point in time: 20 days with less than 3 years of service; 25 days with 3 - 4.9 years of service; 36 days with 5 or more years of service

Maximum Carryover of days into next fiscal year: 5 days (must be used by March 31 of the next year, or will vanish)

Maximum Accrual Per Year: 20 days with less than 3 years of service; 25 days with 3 - 4.9 years of service; 36 days with 5 or more years of service

### **Managers**

Maximum Potential "Bank" of days any person may hold at any one point in time: 22 days with less than 3 years of service; 28 days with 3 - 4.9 years of service; 36 days with 5 or more years of service

Maximum Carryover of days into next fiscal year: 5 days (must be used by March 31 of the next year, or will vanish)

Maximum Accrual Per Year: 22 days with less than 3 years of service; 28 days with 3 - 4.9 years of service; 36 days with 5 or more years of service

### **Executive Staff**

Maximum Potential "Bank" of days any person may hold at any one point in time: 25 days with less than 3 years of service; 36 days with 3 - 4.9 years of service; 36 days with 5 or more years of service

Maximum Carryover of days into next fiscal year: 5 days (must be used by March 31 of the next year, or will vanish)

Maximum Accrual Per Year: 25 days with less than 3 years of service; 36 days with 3 - 4.9 years of service; 36 days with 5 or more years of service

### **Part-time Employees**

The maximum paid time off entitlement for part-time employees is based on the appropriate chart above, but pro-rated to reflect the employee's scheduled work time as a fraction of a standard full-time work schedule. For example, if a part-time employee works 4 full days each week rather than 5 full days, she would receive 4/5ths of the days off that a full-time employee would receive, and each day would be paid at the same rate she would otherwise receive while working the day.

### **Scheduling Time Off**

Although PTO days are intended to cover sick and personal days as well as vacation days, we are a small organization and it is important to plan ahead as much as we can, so that no one is inadvertently left in the lurch. We ask that people plan vacations ahead so that we can coordinate our efforts with optimal efficiency. PTO may be taken at any time from January 1 through December 31 including the year of hire, upon approval from the supervisor.

Every effort will be made to grant employees' vacation preferences, consistent with our operating schedule. However, if too many people request the same period of time off, the Organization reserves the right to choose who may take time off during that period. Individuals with the longest length of service generally will be given preference. Vacation requests must be submitted to your direct supervisor at least 2 weeks in advance of your requested vacation dates. The vacation schedule will be coordinated and published by the Chief Executive Officer, who will make sure the employee has or will have accrued enough PTO.

Vacation may be used only in half-day increments.

Accrued, unused PTO time is paid out upon separation.

Advanced but unaccrued vacation will be deducted from your final paycheck, to the extent permitted by law.

PTO, Short-Term Disability (STD) and Long-Term Disability (LTD) are mutually exclusive - the economic payments do not overlap with one another. Employees on approved leaves of absence do not accrue additional PTO. PTO accruals resume upon their return to work.

### **3-4. Lactation Breaks**

Employees who are nursing are provided with reasonable unpaid break time for up to one year following the birth of a child to express breast milk, as long as providing such break time does not unduly disrupt operations. The Organization will provide a private location. Please advise management if you need break time and an area for this purpose. Employees will not be retaliated against for exercising their rights under this policy.

### **3-5. Workers' Compensation**

On-the-job injuries are covered by our Workers' Compensation Insurance Policy, which is provided at no cost to you. If you are injured on the job, no matter how slightly, report the incident immediately to your Supervisor. Failure to follow Organization procedures may affect your ability to receive Workers Compensation benefits.

This is solely a monetary benefit and not a leave of absence entitlement. Employees who need to miss work due to a workplace injury must also request a formal leave of absence. See the "Leaves of Absence" sections of this handbook for more information.

### **3-6. Jury Duty Leave**

Rebuild Foundation realizes that it is the obligation of all U.S. citizens to serve on a jury when summoned to do so. All employees will be allowed time off to perform such civic service as required by law. You are expected, however, to provide the Organization with proper notice of your request to perform jury duty and with your verification of service. You also are expected to keep management informed of the expected length of your jury duty service and to report to work for the major portion of the day if you are excused by the court. If the required absence presents a serious conflict for management, you may be asked to try to postpone your jury duty. Employees on jury duty leave will be paid for their jury duty service in accordance with state law; however, exempt employees will be paid their full salary for any week in which they perform any work for the Organization.

### **3-7. Bereavement Leave**

We know the death of a family member is a time when you wish to be with the rest of your family. If you are a full-time or part-time employee and you lose a close relative, you will be allowed paid time off of up to 2 to 5 days to assist in attending to your obligations and commitments. For the purposes of this policy, a close relative includes a spouse, domestic partner, child, grandchild, parent, step-parent, grand parent, sibling and the following in-laws: mother, father, sister, brother, daughter, son, and/or other members of the household.

Paid leave days only may be taken on regularly scheduled, consecutive workdays following the day of death. You must inform your Supervisor prior to commencing bereavement leave.

In administering this policy, the Organization may require verification of death.

### **3-8. Voting Leave**

In the event an employee does not have sufficient time outside of working hours to vote in a statewide election, if required by state law, the employee may take off enough working time to vote. Such time will be paid if required by state law. This time should be taken at the beginning or end of the regular work schedule. Where possible, your supervisor should be notified at least two days prior to the voting day.

## **Section 4 - Leaves of Absence**

### **4-1. Overview: Leaves, Paid Time Off (PTO), Disability Insurance and Employee Status**

This section is designed to help you understand how Leaves of Absence and PTO Time work together for employees of Rebuild Foundation. We understand that the relationship of these items can be difficult to grasp. More detailed information on each of the individual components is contained in other sections of this Handbook. If you have further questions, please see the Chief Executive Officer. A Leave of Absence is a period of time in which you have been approved to be out of the workplace, and during which your job may be preserved for you upon your return.

PTO Time is a monetary benefit that is granted to provide you with income when you need to take a short amount of time away from the office. It is used at the very beginning of an approved medical leave.

### **4-2. Family and Medical Leave**

Employees who have worked for Rebuild for twelve months and who, during the immediately preceding twelve month period, have worked at least 1,250 base hours may be eligible for special family and medical leave, even though Rebuild is not covered by the federal Family and Medical Leave Act.

Eligible employees may receive up to twelve weeks of unpaid leave during any twelve-month period for any one of the following reasons:

1. the birth of a child and to care for the child;
2. the placement of a child with the employee for adoption or foster care;
3. to care for a spouse, child or parent with a serious health condition; or,
4. because of a serious health condition that makes the employee unable to perform the functions of the employee's position.

Rebuild may require medical certification to support a request for leave and may, at its own expense, require employees to obtain additional opinions to verify eligibility. Rebuild may also require the submission of periodic status reports during the period of leave.

Upon completion of your personal leave of absence, the Organization will attempt to return you to your original job, or to a similar position, subject to prevailing business considerations. Reinstatement, however, is not guaranteed.

Failure to advise management of your availability to return to work, failure to return to work when notified, or your continued absence from work beyond the time approved by the Organization, will be considered a voluntary resignation of your employment.

Personal leave runs concurrently with any Organization-provided Short-Term Disability Leave.

### **4-3. Other Short-term Personal Leave**

If you are ineligible for any other Organization leave of absence, Rebuild Foundation, under certain circumstances, may grant you a personal leave of absence without pay. A written request for a personal leave should be presented to management at least two (2) weeks before the anticipated start of the leave. If the leave is requested for medical reasons and you are not eligible for leave under the federal Family and Medical Leave Act (FMLA) or any state leave law, medical certification also must be submitted. Your request will be considered on the basis of staffing requirements and the reasons for the requested leave, as well as your performance and attendance records. Normally, a leave of absence will be granted for a period of up to eight (8) weeks. Under unusual circumstances a personal leave may be extended if, prior to the end of your leave, you submit a written request for an extension to management and the request is granted. During your leave, you will not earn vacation, personal days or sick days. We will continue your health insurance coverage during your leave if you submit your share of the monthly premium payments to the Organization in a timely manner, subject to the terms of the plan documents.

When you anticipate your return to work, please notify management of your expected return date. This notification should be made at least one week before the end of your leave.

Upon completion of your personal leave of absence, the Organization will attempt to return you to your original job, or to a similar position, subject to prevailing business considerations. Reinstatement, however, is not guaranteed.

Failure to advise management of your availability to return to work, failure to return to work when notified, or your continued absence from work beyond the time approved by the Organization, will be considered a voluntary resignation of your employment.

Personal leave runs concurrently with any Organization-provided Short-Term Disability Leave of Absence.

## 4-4. Military Leave

If you are called into active military service or you enlist in the uniformed services, you will be eligible to receive an unpaid military leave of absence. To be eligible for military leave, you must provide management with advance notice of your service obligations unless you are prevented from providing such notice by military necessity or it is otherwise impossible or unreasonable for you to provide such notice. Provided your absence does not exceed applicable statutory limitations, you will retain reemployment rights and accrue seniority and benefits in accordance with applicable federal and state laws. Please ask management for further information about your eligibility for Military Leave.

If you are required to attend yearly Reserves or National Guard duty, you can apply for an unpaid temporary military leave of absence not to exceed the number of days allowed by law (including travel). You should give management as much advance notice of your need for military leave as possible so that we can maintain proper coverage while you are away.

## 4-5. Domestic or Sexual Violence Leave

Basic Entitlement Under the City of Chicago's "Entitlement to Leave Due to Domestic or Sexual Violence" ordinance, Rebuild' employees will be eligible for up to eight weeks of leave in a 12-month period. Permitted Reasons for Leave

Leave may be used if either the employee or a family or household member of the employee needs:

- to seek medical attention for, or to recover from, physical or psychological injuries caused by domestic or sexual violence;
- to obtain services from a victim's services organization;
- to obtain counseling;
- to take actions to prevent future domestic or sexual violence or seek "economic security" related to domestic or sexual violence, such as safety planning or relocating; or
- to seek legal assistance, including preparing for or participating in any civil or criminal legal proceeding related to domestic or sexual violence.

### Notice and Certification

Employees must provide Rebuild with at least 48 hours' advance notice of the need for leave, when practicable. Rebuild may require you to provide certification to the Chief Executive Officer that you or a family or household member is a victim of domestic or sexual violence and that the leave is for one of the permitted purposes. Certification can be made by providing a sworn statement with either: (1) documentation from an employee, agent or volunteer of a victim services organization, an attorney, a member of the clergy, or a medical or other professional from whom the Rebuild employee or the Rebuild employee's family or household member has sought assistance in addressing the violence or its effects; (2) a police or court record; or (3) "other corroborating evidence." Rebuild will keep such documentation confidential.

### Work Schedule and Return to Position

The leave may be taken intermittently or on a reduced work schedule. A Rebuild employee who is on this form of leave will be returned to the position he or she held when the leave commenced or to a position with equivalent pay, benefits and other terms and conditions of employment.

### Seniority and Health Coverage

If a Rebuild employee is covered by Rebuild' health insurance at the time she or he begins the leave of absence, Rebuild will maintain health coverage during the leave as if the employee were still working. Rebuild will recover the premium paid for maintaining health coverage for the employee if the employee does not return from leave for reasons other than the continuation, recurrence or onset of domestic or sexual violence that triggered the entitlement to leave.

## **Section 5 - General Standards of Conduct**

### **5-1. Workplace Conduct**

Rebuild Foundation endeavors to maintain a positive work environment. Each employee plays a role in fostering this environment. Accordingly, we all must abide by certain rules of conduct, based on honesty, common sense and fair play.

Because everyone may not have the same idea about proper workplace conduct, it is helpful to adopt and enforce rules all can follow. Unacceptable conduct may subject the offender to disciplinary action, up to and including discharge, in the Organization's sole discretion. The following are examples of some, but not all, conduct which can be considered unacceptable:

1. Obtaining employment on the basis of false or misleading information.
2. Stealing, removing or defacing Organization property or a co-worker's property, and/or disclosure of confidential information.
3. Completing another employee's time records.
4. Dishonesty.
5. Violation of safety rules and policies.
6. Violation of Rebuild Foundation Drug and Alcohol-Free Workplace Policy.
7. Fighting, threatening or disrupting the work of others or other violations of Rebuild Foundation Workplace Violence Policy.
8. Insubordination or disobedience of a lawful management directive.
9. Use of foul or inappropriate language.
10. Loitering or loafing during work time, or leaving a work area without the permission of management.
11. Violation of the Punctuality and Attendance Policy, including but not limited to irregular attendance, habitual lateness or unexcused absences.
12. Gambling on Organization property.
13. Stopping work prior to the end of any shift without management's permission.
14. Willful or careless destruction or damage to Organization assets or to the equipment or possessions of another employee.

15. Wasting work materials.
16. Performing work of a personal nature during working time.
17. Violation of the Solicitation and Distribution Policy.
18. Violation of Rebuild Foundation Non-Harassment or Equal Employment Opportunity Policies.
19. Violation of the Communication and Computer Systems Policy.
20. Unsatisfactory job performance.
21. Any other violation of Organization policy.

Obviously, not every type of misconduct can be listed. Note that all employees are employed at-will, and Rebuild Foundation reserves the right to impose whatever discipline it chooses, or none at all, in a particular instance. The Organization will deal with each situation individually and nothing in this handbook should be construed as a promise of specific treatment in a given situation. However, Rebuild Foundation will endeavor to utilize progressive discipline but reserves the right in its sole discretion to terminate an employee at any time for any reason.

The observance of these rules will help to ensure that our workplace remains a safe and desirable place to work.

## **5-2. Punctuality and Attendance**

You were hired to perform an important function at Rebuild Foundation. As with any group effort, operating effectively takes cooperation and commitment from everyone. Therefore, your attendance and punctuality are very important. Unnecessary absences and lateness are expensive, disruptive and place an unfair burden on your fellow employees and your Supervisors. We expect excellent attendance from each of you. Excessive absenteeism or tardiness will result in disciplinary action up to and including discharge.

We do recognize, however, that there are times when absences and tardiness cannot be avoided. In such cases, you are expected to notify your Supervisor or the Chief Executive Officer as early as possible, but no later than one hour before the start of your work day. Asking another employee, friend or relative to give this notice is improper and constitutes grounds for disciplinary action. Please call or email, stating the nature of your illness and its expected duration, every day that you are absent.

Unreported absences of three consecutive work days generally will be considered a voluntary resignation of your employment with the Organization.

## 5-3. Use of Communication and Computer Systems

Rebuild' communication and computer systems are intended for business purposes and may be used only during working time; however limited personal usage is permitted if it does not hinder performance of job duties or violate any other Organization policy. This includes the voice mail, e-mail and Internet systems. Users have no legitimate expectation of privacy in regard to their use of the systems.

Rebuild Foundation may access the voice mail and e-mail systems and obtain the communications within the systems, including past voice mail and e-mail messages, without notice to users of the system, in the ordinary course of business when the Organization deems it appropriate to do so. The reasons for which the Organization may obtain such access include, but are not limited to: maintaining the system; preventing or investigating allegations of system abuse or misuse; assuring compliance with software copyright laws; complying with legal and regulatory requests for information; and ensuring that Organization operations continue appropriately during an employee's absence.

Further, Rebuild Foundation may review Internet usage to ensure that such use with Organization property, or communications sent via the Internet with Organization property, are appropriate. The reasons for which the Organization may review employees' use of the Internet with Organization property include, but are not limited to: maintaining the system; preventing or investigating allegations of system abuse or misuse; assuring compliance with software copyright laws; complying with legal and regulatory requests for information; and ensuring that Organization operations continue appropriately during an employee's absence.

The Organization may store electronic communications for a period of time after the communication is created. From time to time, copies of communications may be deleted.

The Organization's policies prohibiting harassment, in their entirety, apply to the use of the Organization's communication and computer systems. No one may use any communication or computer system in a manner that may be construed by others as harassing or offensive based on race, national origin, sex, sexual orientation, age, disability, religious beliefs or any other characteristic protected by federal, state or local law.

Since the Organization's communication and computer systems are intended for business use, these systems may not be used to solicit for religious or political causes or outside organizations.

Further, since the Organization's communication and computer systems are intended for business use, all employees, upon request, must inform management of any private access codes or passwords.

Unauthorized duplication of copyrighted computer software violates the law and is strictly prohibited.

No employee may access, or attempt to obtain access to, another employee's computer systems without appropriate authorization.

Violators of this policy may be subject to disciplinary action, up to and including discharge.

## 5-4. Use of Social Media

Rebuild respects the right of any employee to maintain a blog or web page or to participate in a social networking, Twitter or similar site. However, to protect the Organization interests and ensure employees focus on their job duties, employees must adhere to the following rules:

All rules regarding confidential and proprietary business information apply in full to blogs, web pages, social networking, Twitter and similar sites. Any information that cannot be disclosed through a conversation, a note or an e-mail also cannot be disclosed in a blog, web page, social networking, Twitter or similar site.

Whether an employee is posting something on his or her own blog, web page, social networking, Twitter or similar site or on someone else's, if the employee mentions the Organization and also expresses either a political opinion or an opinion regarding the Organization's actions, the poster must include a disclaimer. The poster should specifically state that the opinion expressed is his/her personal opinion and not the Organization's position. This is necessary to preserve the Organization's good will.

Employees should be respectful of their potential readers and colleagues and refrain from using discriminatory comments, personal insults, libel or slander when commenting about the Organization, their superiors, co-workers or the Organization's competitors.

Any conduct that is impermissible under the law if expressed in any other form or forum is impermissible if expressed through a blog, web page, social networking, Twitter or similar site. For example, posted material that is discriminatory, harassing, obscene, defamatory, libelous or threatening is forbidden. Organization policies apply equally to employee blogging. Employees should review their Employee Handbook for further guidance.

Rebuild Foundation encourages all employees to keep in mind the speed and manner in which information posted on a blog, web page, social networking, Twitter or similar site can be relayed and often misunderstood by readers. While an employee's free time is generally not subject to any restrictions by the Organization, with the exception of the limited restrictions above, the Organization urges all employees to refrain from posting information regarding the Organization or their jobs that could embarrass or upset co-workers or that could detrimentally affect the Organization. Employees must use their best judgment. Employees with any questions should review the guidelines above and/or consult with their manager. When in doubt, don't post. Failure to follow these guidelines may result in discipline, up to and including termination.

Nothing in this policy is intended to violate an employee's rights under the National Labor Relations Act.

## **5-5. Personal and Rebuild-Provided Portable Communication Devices**

Organization-provided portable communication devices (PCDs), including cell phones and personal digital assistants, should be used primarily for business purposes. Employees have no reasonable expectation of privacy in regard to the use of such devices, and all use is subject to monitoring, to the maximum extent permitted by applicable law. This includes as permitted the right to monitor personal communications as necessary.

Some employees may be authorized to use their own PCD for business purposes. Communications sent via a personal PCD also may subject to monitoring if sent through the Organization's networks and the PCD must be provided for inspection and review upon request.

All conversations, text messages and e-mails must be professional. When sending a text message or using a PCD for business purposes, whether it is a Organization-provided or personal device, employees must comply with applicable Organization guidelines, including policies on sexual harassment, discrimination, conduct, confidentiality, equipment use and operation of vehicles. Using a Organization-issued PCD to send or receive personal text messages is prohibited at all times and personal use during working hours should be limited to emergency situations.

If an employee who uses a personal PCD for business resigns or is terminated, the employee will be required to submit the device to Rebuild for resetting on or before his or her last day of work. At that time, Rebuild will reset and remove all information from the device, including but not limited to, Organization information and personal data (such as contacts, e-mails and photographs). Rebuild will make efforts to provide employees with the personal data in another form (e.g., on a disk) to the extent practicable; however, the employee may lose some or all personal data saved on the device.

Employees may not use their personal PCD for business unless they agree to submit the device to rebuild on or before their last day of work for resetting and removal of Organization information. This is the only way currently possible to ensure that all Organization information is removed from the device at the time of termination. The removal of Organization information is crucial to ensure compliance with the Organization's confidentiality and proprietary information policies and objectives.

Please note that whether employees use their personal PCD or a Organization-issued device, the Organization's electronic communications policies, including but not limited to, proper use of communications and computer systems, remain in effect.

### **Portable Communication Device Use While Driving**

Employees who drive on Organization business must abide by all state or local laws prohibiting or limiting PCD (cell phone or personal digital assistant) use while driving. Further, even if usage is permitted, employees may choose to refrain from using any PCD while driving. "Use" includes, but

is not limited to, talking or listening to another person or sending an electronic or text message via the PCD.

Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is absolutely necessary while the employee is driving, and permitted by law, the employee must use a hands-free option and advise the caller that he/she is unable to speak at that time and will return the call shortly.

Under no circumstances should employees feel that they need to place themselves at risk to fulfill business needs.

Since this policy does not require any employee to use a cell phone while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions.

Texting and e-mailing while driving is prohibited in all circumstances.

## **5-6. Camera Phones/Recording Devices**

Photography and videography are often important "business" tools in the work of Rebuild Foundation.

However, the use of this technology can present risks to the organization unless carefully managed. Due to the potential for issues such as invasion of privacy, harassment, and loss of productivity, no employee may operate a personal camera (phone or otherwise) on Rebuild property or while performing work for the Organization, without appropriate approvals.

The use of audio recorders, dictaphones or other types of audio recording devices anywhere on the Organization's property, including to record conversations or activities of other employees or management, or while performing work for Rebuild, is also strictly prohibited, without appropriate approvals.

## **5-7. Inspections**

Rebuild Foundation reserves the right to require employees while on Organization property, or on client property, to agree to the inspection of their persons, personal possessions and property, personal vehicles parked on Organization or client property, and work areas. This includes lockers, vehicles, desks, cabinets, work stations, packages, handbags, briefcases and other personal possessions or places of concealment, as well as personal mail sent to the Organization or to its clients. Employees are expected to cooperate in the conduct of any search or inspection.

## **5-8. Smoking**

Smoking is prohibited on Organization premises and in all Organization-owned or Organization-leased vehicles.

## **5-9. Personal Visits and Telephone Calls**

Disruptions during working time can lead to errors and delays. Therefore, we ask that personal telephone calls be kept to a minimum, and only be made or received after working time, or during lunch or break time.

## **5-10. Solicitation and Distribution**

To avoid distractions, solicitation by an employee of another employee is prohibited while either employee is on working time. "Working time" is the time an employee is engaged, or should be engaged, in performing his/her work tasks for Rebuild Foundation. Solicitation of any kind by non-employees on Organization premises is prohibited at all times. Working time does not include lunch breaks or the times before the start or after the end of working hours

Distribution of advertising material, handbills, printed or written literature of any kind in working areas of the Organization is prohibited at all times. Distribution of literature by non-employees on Organization premises is prohibited at all times.

## **5-11. Bulletin Boards**

Important notices and items of general interest are continually posted on our bulletin board. Make it a practice to review it frequently. This will assist you in keeping up with what is current at Rebuild Foundation. To avoid confusion, please do not post or remove any material from the bulletin board.

Only Rebuild' postings are permitted on the board.

## **5-12. Confidential Rebuild Information**

During the course of work, an employee may become aware of confidential information about Rebuild' business, including but not limited to information regarding Organization finances, pricing, products and new product development, software and computer programs, marketing strategies, suppliers, customers and potential customers, and knowledge, skills and abilities of personnel. An employee also may become aware of similar confidential information belonging to the Organization's clients. It is extremely important that all such information remain confidential, and particularly not be disclosed to our competitors. Any employee who improperly copies, removes (whether physically or electronically), uses or discloses confidential information to anyone outside of the Organization may be subject to disciplinary action up to and including termination. Employees may be required to sign an agreement reiterating these obligations.

## **5-13. Use of Facilities, Equipment and Property, Including Intellectual Property**

Equipment essential in accomplishing job duties is often expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards and guidelines.

Please notify your Supervisor if any equipment, machines, or tools appear to be damaged, defective, or in need of repair. Prompt reporting of loss, damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The Supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment used on the job. Employees also are prohibited from any unauthorized use of the Organization's intellectual property, such as audio and video tapes, print materials and software.

Improper, careless, negligent, destructive, or unsafe use or operation of equipment can result in discipline, up to and including discharge.

Further, the Organization is not responsible for any damage to employees' personal belongings unless the employee's Supervisor provided advance approval for the employee to bring the personal property to work.

## **5-14. Health and Safety**

The health and safety of employees and others on Organization property are of critical concern to Rebuild Foundation. The Organization intends to comply with all health and safety laws applicable to our business. To this end, we must rely upon employees to ensure that work areas are kept safe and free of hazardous conditions. Employees are required to be conscientious about workplace safety, including proper operating methods, and recognize dangerous conditions or hazards. Any unsafe conditions or potential hazards should be reported to management immediately, even if the problem appears to be corrected. Any suspicion of a concealed danger present on the

Organization's premises, or in a product, facility, piece of equipment, process or business practice for which the Organization is responsible should be brought to the attention of management immediately. Periodically, the Organization may issue rules and guidelines governing workplace safety and health. The Organization may also issue rules and guidelines regarding the handling and disposal of hazardous substances and waste. All employees should familiarize themselves with these rules and guidelines, as strict compliance will be expected.

Any workplace injury, accident, or illness must be reported to the employee's Supervisor as soon as possible, regardless of the severity of the injury or accident.

## **5-15. Hiring Relatives/Employee Relationships**

A familial relationship among employees can create an actual or at least a potential conflict of interest in the employment setting, especially where one relative supervises another relative. To avoid this problem, Rebuild Foundation may refuse to hire or place a relative in a position where the potential for favoritism or conflict exists.

In other cases such as personal relationships where a conflict or the potential for conflict arises, even if there is no supervisory relationship involved, the parties may be separated by reassignment or terminated from employment, at the discretion of the Organization. Accordingly, all parties to any type of intimate personal relationship must inform management.

If two employees marry, become related, or enter into an intimate relationship, they may not remain in a reporting relationship or in positions where one individual may affect the compensation or other terms or conditions of employment of the other individual. The Organization generally will attempt to identify other available positions, but if no alternate position is available, the Organization retains the right to decide which employee will remain with the Organization.

For the purposes of this policy, a relative is any person who is related by blood, marriage or domestic partnership, or whose relationship with the employee is similar to that of persons who are related by blood, marriage or domestic partnership.

## **5-16. Employee Dress and Personal Appearance**

In the daily environment of Rebuild' office, standard business casual attire is worn during regular business hours. For special events, meetings and other occasions, a more formal standard of clothing and appearance may be suggested or required.

Accommodations for extremes in weather conditions are permitted, but Rebuild relies on an employee's good judgment for appropriate office apparel.

You are expected to report to work well groomed, clean, and dressed according to the requirements of your position. If you report to work dressed or groomed inappropriately, you may be prevented from working until you return to work well groomed and wearing the proper attire.

## **5-17. Publicity/Statements to the Media**

Rebuild Foundation is a high-profile organization in our community, and from time to time, employees may be approached by reporters and other constituents of the media. In order to ensure that we speak with one voice and provide accurate information about Rebuild, we should direct all media inquiries to the proper person.

If you are approached by the media for an interview, you'll need to clear your participation in advance with your direct supervisor.

No one may issue a press release about any Program or Rebuild itself without first consulting with the Chief Executive Officer.

## **5-18. Operation of Vehicles**

All employees authorized to drive Organization-owned or leased vehicles or personal vehicles in conducting Organization business must possess a current, valid driver's license and an acceptable driving record. Any change in license status or driving record must be reported to management immediately.

A valid driver's license must be in your possession while operating a vehicle off or on Organization or client property. It is the responsibility of every employee to drive safely and obey all traffic, vehicle safety, and parking laws or regulations. Drivers must demonstrate safe driving habits at all times. Rebuild-owned or leased vehicles may be used only as authorized by management.

### **Portable Communication Device Use While Driving**

Employees who drive on Organization business must abide by all state or local laws prohibiting or limiting portable communication device (PCD) use, including cell phones or personal digital assistants, while driving. Further, even if use is permitted, employees may choose to refrain from using any PCD while driving. "Use" includes, but is not limited to, talking or listening to another person or sending an electronic or text message via the PCD.

Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is absolutely necessary while the employee is driving, and permitted by law, the employee must use a hands-free option and advise the caller that he/she is unable to speak at that time and will return the call shortly.

Under no circumstances should employees feel that they need to place themselves at risk to fulfill business needs. Since this policy does not require any employee to use a PCD while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions. Texting and e-mailing while driving is prohibited in all circumstances.

## **5-19. Business Expense Reimbursement**

Employees may be reimbursed for reasonable approved expenses incurred in the course of business. These expenses must be approved by your Supervisor, and may include air travel, hotels, motels, meals, cab fare, rental vehicles, or gas and car mileage for personal vehicles. All expenses incurred should be submitted to the Chief Executive Officer along with the receipts in a timely manner.

Employees are expected to exercise restraint and good judgment when incurring expenses. You should contact your Supervisor in advance if you have any question about whether an expense will be reimbursed.

## **5-20. References**

Rebuild Foundation will respond to reference requests through the Chief Executive Officer. The Organization will provide general information concerning the employee such as date of hire, date of termination, and positions held. Requests for reference information must be in writing, and responses will be in writing. Please refer all requests for references to the Chief Executive Officer.

**Only the Chief Executive Officer may provide official references on behalf of Rebuild.**

## **5-21. If You Must Leave Us**

Should you decide to leave the Organization, we ask that you provide your Supervisor with at least two (2) weeks advance notice of your departure. Your thoughtfulness will be appreciated.

All Organization property including, but not limited to, electronic equipment, cell phones, etc. must be returned at separation. Employees must return all of the Organization's Confidential Information and a current list of passwords for electronic and online applications upon separation. To the extent permitted by law, employees will be required to repay the Organization (through payroll deduction, if lawful) for any lost or damaged Rebuild-owned or Rebuild-leased property.

As noted previously, all employees are employed at-will and nothing in this handbook changes that status.

## **5-22. Exit Interview**

Employees who resign are requested to participate in an exit interview with the Chief Executive Officer, if possible.

## General Handbook Acknowledgment

This Employee Handbook is an important document intended to help you become acquainted with Rebuild Foundation. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the Organization's operations may change, the contents of this Handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of management.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Employee Handbook.

**I have received and read a copy of Rebuild Foundation' Employee Handbook. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of the Organization at any time.**

**I further understand that my employment is terminable at will, either by myself or the Organization, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.**

**I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" status except an express written agreement signed by the Chief Executive Officer. I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the Organization's Employee Handbook.**

Employee's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signed original copy of this acknowledgment should be given to the Chief Executive Officer - it will be filed in your personnel file.

## Receipt of Sexual Harassment Policy

It is Rebuild' policy to prohibit harassment of any employee by any Supervisor, employee, customer or vendor on the basis of sex or gender. The purpose of this policy is not to regulate personal morality within the Organization. It is to ensure that at the Organization all employees are free from sexual harassment. While it is not easy to define precisely what types of conduct could constitute sexual harassment, examples of prohibited behavior include unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails, text messages and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments. Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about an employee's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of his or her gender which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your Supervisor, the Chief Executive Officer or any other member of management. Under no circumstances is an employee required to report such matters to the person about whom the employee wishes to complain.

Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. Violation of this policy will result in disciplinary action, up to and including discharge. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Organization will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. Employees who make complaints in bad faith may be subject to disciplinary action, up to and including discharge.

I have read and I understand Rebuild Foundation' Sexual Harassment Policy.

Employee's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signed original copy of this acknowledgment should be given to the Chief Executive Officer - it will be filed in your personnel file.

## Receipt of Non-Harassment Policy

It is Rebuild' policy to prohibit intentional and unintentional harassment of any individual by another person on the basis of any protected classification including, but not limited to, race, color, national origin, disability, religion, marital status, sexual orientation or age. The purpose of this policy is not to regulate our employees' personal morality, but to ensure that in the workplace, no one harasses another individual.

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your Supervisor, the Chief Executive Officer or any other member of management. Under no circumstances is an employee required to report such matters to the person about whom the employee wishes to complain.

Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. Violation of this policy will result in disciplinary action, up to and including discharge. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Organization will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. Employees who make complaints in bad faith may be subject to disciplinary action, up to and including discharge.

Employee's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signed original copy of this acknowledgment should be given to the Chief Executive Officer - it will be filed in your personnel file.

B U I  
E T L  
R I D

6916 S. Dorchester Ave.  
Chicago, IL 60637

E info@rebuild-foundation.org  
P 312 857 5561

www.rebuild-foundation.org

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Dear (b) (6), (b) (7)(C)

On behalf of Rebuild Foundation, It is with great pleasure that I extend to you an offer for the position of (b) (6), (b) (7)(C) Black Cinema House, as it is described in the attached job description. Over the past year, our programs through Black Cinema House have expanded to now include educational workshops, and we very much look forward to your contribution to that exciting growth.

The position is 25 hours per week, with some evening and weekend hours, and comes with an annual salary of (b) (6), (b) (7)(C). After an initial 60-day probationary period, your manager will review your performance with you and in conversation with you will determine whether the position continues to be a good fit for you and for Rebuild Foundation. At all times, your employment will be "at-will," which means that you or Rebuild Foundation can terminate your employment for any reason other than a reason prohibited by law.

We are very much looking forward to having you contribute as part of our team. Please do not hesitate to contact (b) (6), (b) (7)(C) should you have any questions. Your signature below this offer letter confirms your acceptance of this offer. Please return one signed copy to (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

**Acceptance of Offer**

Your signature confirms the salary agreed upon and other terms of your appointment specified in the above letter.

I have read and understand the terms and provisions of this offer, and herewith agree to its terms.

Date: (b) (6), (b) (7)(C)\_\_\_\_\_

Name Printed: (b) (6), (b) (7)(C)\_\_\_\_\_

Signature: \_\_\_\_\_

PAY PERIOD

(b) (6), (b) (7)(C)

/2017 - 

(b) (6), (b) (7)(C)

/2017

Pay Date: 

(b) (6), (b) (7)(C)

/2017

**EMPLOYER**  
The Rebuild Foundation  
6918 S DORCHESTER AVE  
CHICAGO IL 60637

**EMPLOYEE**  

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

**NET PAY:**

(b) (6), (b) (7)(C)

  
Checking# ... 

(b) (6), (b) (7)(C)

<b>BENEFITS</b>	<b>Used</b>	<b>Available</b>
Vacation	0.00	<div>(b) (6), (b) (7)(C)</div>

PAY	QTY	Rate	Current	YTD
Salary			<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>

<b>Total</b>			<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
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TAXES	Current	YTD
Federal Income Tax	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
Social Security	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
Medicare	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
IL Income Tax	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>

<b>Total</b>	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>
--------------	--------------------------------	--------------------------------

Net Pay	Current	YTD
	<div>(b) (6), (b) (7)(C)</div>	<div>(b) (6), (b) (7)(C)</div>



(b) (6), (b) (7)(C) @rebuild-foundation.org>

## Last Night's Salon

1 message

(b) (6), (b) (7)(C) @uchicago.edu>  
Bcc: (b) (6), (b) (7)(C) @rebuild-foundation.org

Fri, (b) (6), (b) (7)(C), 2017 at 7:19 AM

Dear Team,

I'm writing to acknowledge an incident at the Salon last night, where an invited guest (not Salon member) expressed frustration with the work we do and the way that we do it.

It is important that we all understand that people won't always see our position as folk who are trying to promote healthy change. They will sometimes imagine that we are the problem; that we represent the power. This encounter is really a signal of the gross frustration communities have as neighborhoods change. It should act as a reminder that we should always be thorough as we can be in our knowing, as compassionate as we can be in our responses, and thoughtful as we can be with our programming.


I am, as always, nothing but proud of (b) (6), (b) (7)(C) and the work that (b) (6), (b) (7)(C) does - as I am the entire team.

My best,

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

301 E. Garfield Blvd.  
Chicago, IL 60637

<b>a</b> Employee's social security number <b>(b) (6), (b) (7)(C)</b>		Safe, accurate, <b>FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN) 27-1308845		<b>1</b> Wages, tips, other compensation <b>(b) (6), (b) (7)(C)</b>		<b>2</b> Federal income tax withheld <b>(b) (6), (b) (7)(C)</b>			
<b>c</b> Employer's name, address, and ZIP code The Rebuild Foundation NFP  6918 S DORCHESTER AVE  CHICAGO IL 60637		<b>3</b> Social security wages <b>(b) (6), (b) (7)(C)</b>		<b>4</b> Social security tax withheld <b>(b) (6), (b) (7)(C)</b>			
<b>d</b> Control number		<b>5</b> Medicare wages and tips <b>(b) (6), (b) (7)(C)</b>		<b>6</b> Medicare tax withheld <b>(b) (6), (b) (7)(C)</b>			
<b>e</b> Employee's first name and Initial      Last name      Suff.		<b>7</b> Social security tips		<b>8</b> Allocated tips			
<b>(b) (6), (b) (7)(C)</b>		<b>9</b>		<b>10</b> Dependent care benefits			
<b>f</b> Employee's address and ZIP code		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12			
		<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>			
		<b>14</b> Other		<b>12c</b>			
				<b>12d</b>			
<b>15</b> State      Employer's state ID number IL      27-1308845000		<b>16</b> State wages, tips, etc. <b>(b) (6), (b) (7)(C)</b>		<b>17</b> State income tax <b>(b) (6), (b) (7)(C)</b>		<b>18</b> Local wages, tips, etc.	
						<b>19</b> Local income tax	
						<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement **2016**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned income credit (EIC).** You may be able to take the EIC for 2016 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2016 or if income is earned for services provided while you were an inmate at a penal institution. For 2016 income limits and more information, visit [www.irs.gov/eitc](http://www.irs.gov/eitc). Also see Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Clergy and religious workers.** If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA)

to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at [www.socialsecurity.gov](http://www.socialsecurity.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2016 and more than \$7,347 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,321.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see *Instructions for Employee* on the back of Copy C.)

		<b>a</b> Employee's social security number (b) (6), (b) (7)(C)		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
<b>b</b> Employer identification number (EIN) 27-1308845				<b>1</b> Wages, tips, other compensation (b) (6), (b) (7)(C)		<b>2</b> Federal income tax withheld (b) (6), (b) (7)(C)	
<b>c</b> Employer's name, address, and ZIP code The Rebuild Foundation NFP 6918 S DORCHESTER AVE CHICAGO IL 60637				<b>3</b> Social security wages (b) (6), (b) (7)(C)		<b>4</b> Social security tax withheld (b) (6), (b) (7)(C)	
				<b>5</b> Medicare wages and tips (b) (6), (b) (7)(C)		<b>6</b> Medicare tax withheld (b) (6), (b) (7)(C)	
				<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial Last name Suff. (b) (6), (b) (7)(C)				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C o o d e	
				<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o o d e	
				<b>14</b> Other		<b>12c</b> C o o d e	
						<b>12d</b> C o o d e	
<b>f</b> Employee's address and ZIP code							
<b>15</b> State Employer's state ID number IL 27-1308845000		<b>16</b> State wages, tips, etc. (b) (6), (b) (7)(C)		<b>17</b> State income tax (b) (6), (b) (7)(C)		<b>18</b> Local wages, tips, etc.	
						<b>19</b> Local income tax	
						<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement  
**Copy C—For EMPLOYEE'S RECORDS** (See Notice to Employee on the back of Copy B.)

2016

Department of the Treasury—Internal Revenue Service

Safe, accurate,  
FAST! Use



## Instructions for Employee (Also see *Notice to Employee*, on the back of Copy B.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2016, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A—**Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

**B—**Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

**C—**Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D—**Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E—**Elective deferrals under a section 403(b) salary reduction agreement

(continued on back of Copy 2)

		<b>a</b> Employee's social security number (b) (6), (b) (7)(C)		OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN) 27-1308845			<b>1</b> Wages, tips, other compensation (b) (6), (b) (7)(C)		<b>2</b> Federal income tax withheld (b) (6), (b) (7)(C)
<b>c</b> Employer's name, address, and ZIP code The Rebuild Foundation NFP  6918 S DORCHESTER AVE  CHICAGO IL 60637			<b>3</b> Social security wages (b) (6), (b) (7)(C)		<b>4</b> Social security tax withheld (b) (6), (b) (7)(C)
			<b>5</b> Medicare wages and tips (b) (6), (b) (7)(C)		<b>6</b> Medicare tax withheld (b) (6), (b) (7)(C)
			<b>7</b> Social security tips		<b>8</b> Allocated tips
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits
<b>e</b> Employee's first name and initial Last name Suff. (b) (6), (b) (7)(C)			<b>11</b> Nonqualified plans		<b>12a</b> C o o l l e
			<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o o l l e
			<b>14</b> Other		<b>12c</b> C o o l l e
					<b>12d</b> C o o l l e
<b>f</b> Employee's address and ZIP code					
<b>15</b> State Employer's state ID number IL 27-1308845000		<b>16</b> State wages, tips, etc. (b) (6), (b) (7)(C)		<b>17</b> State income tax (b) (6), (b) (7)(C)	
				<b>18</b> Local wages, tips, etc.	
				<b>19</b> Local income tax	
				<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

2016

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

## Instructions for Employee *(continued from back of Copy C)*

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See “Adjusted Gross Income” in the Form 1040 instructions for how to deduct.

**J**—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments. See “Other Taxes” in the Form 1040 instructions.

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See “Other Taxes” in the Form 1040 instructions.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See “Other Taxes” in the Form 1040 instructions.

**P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**Q**—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

**T**—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

**W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**Y**—Deferrals under a section 409A nonqualified deferred compensation plan

**Z**—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See “Other Taxes” in the Form 1040 instructions.

**AA**—Designated Roth contributions under a section 401(k) plan

**BB**—Designated Roth contributions under a section 403(b) plan

**DD**—Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**Box 13.** If the “Retirement plan” box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note:** Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

**From:** (b) (6), (b) (7)(C)  
**To:** [Guerrero, Maria](#)  
**Subject:** Fwd: Staff Meeting Follow Up  
**Date:** Tuesday, February 28, 2017 10:55:36 AM  
**Attachments:** [Rebuild Staff Meeting Jan 2017.pdf](#)

----- Forwarded message -----

From: (b) (6), (b) (7)(C) [@rebuild-foundation.org](mailto:@rebuild-foundation.org)

Date: Feb 5, 2017 11:43 PM

Subject: Staff Meeting Follow Up

To: "(b) (6), (b) (7)(C) @rebuild-foundation.org>, "(b) (6), (b) (7)(C) @rebuild-foundation.org>, "(b) (6), (b) (7)(C) @rebuild-foundation.org>, (b) (6), (b) (7)(C)

@rebuild-foundation.org, "(b) (6), (b) (7)(C) @uchicago.edu, (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) [@rebuild-foundation.org](mailto:rebuild-foundation.org), (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)@rebuild-foundation.org, (b) (6), (b) (7)(C)@rebuild-foundation.org, "Darren Wallace" <darren@rebuild-foundation.org>, (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) [@rebuild-foundation.org](mailto:@rebuild-foundation.org)>

Cc: (b) (6), (b) (7)(C) [@rebuild-foundation.org](mailto:@rebuild-foundation.org), (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) [XXXXXX@uchicago.edu](mailto:XXXXXX@uchicago.edu)

Hi All,

Thank you for an honest and productive meeting last week.

You should have all received an invite to a weekly standing meeting. This week in those meetings we'll review work plans for the next three months to make sure we're making progress toward the goals discussed last Monday.

Invites for monthly/quarterly meetings will be on their way soon.

The weekly report template we reviewed together is attached - please plan submit to me or your supervisor Friday no later than noon.

For those interested, the next Tamir meeting is on Tuesday at 1pm, location to be confirmed. If your'e interested in participating and are usually staffing the Bank at that time, let me know and we'll shuffle things around so you can join.

Docs from the meeting are attached for reference - if you have any questions, let me know.

(b) (5), (b) (7)

1000

(b) (6), (b) (7)(C)

## Rebuild Foundation

6916 S. Dorchester Ave | Chicago, IL 60637

(b) (6), (b) (7)(C)

## **REBUILD STAFF MEETING**

January 29, 2017

- |       |  |
|-------|--|
| 12:00 | Lunch + Introductions  |
| 12:15 | Broad Overview: Programming Priorities for 2017  |
| 12:40 | Tamir Memorial Update, Brainstorm, Reflection + Next Steps   |
| 1:00  | Halftime   |
| 1:10  | Getting Granular <ul style="list-style-type: none"><li>Org Chart + Reporting Relationships</li><li>Who Does What + Where are the Gaps + Overlaps</li><li>Standing Meeting Schedule</li><li>Weekly Reports</li><li>Connections with APL/Space Fund/Studio</li></ul> |
| 1:50  | Getting Granular <ul style="list-style-type: none"><li>Arts Bank hours + individual schedules</li><li>“Office Hours” – where we work/how we support each other</li></ul>   |
| 2:15  | Questions + Next Steps   |

## REBUILD PROGRAMMING – FY17

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### Program Goals

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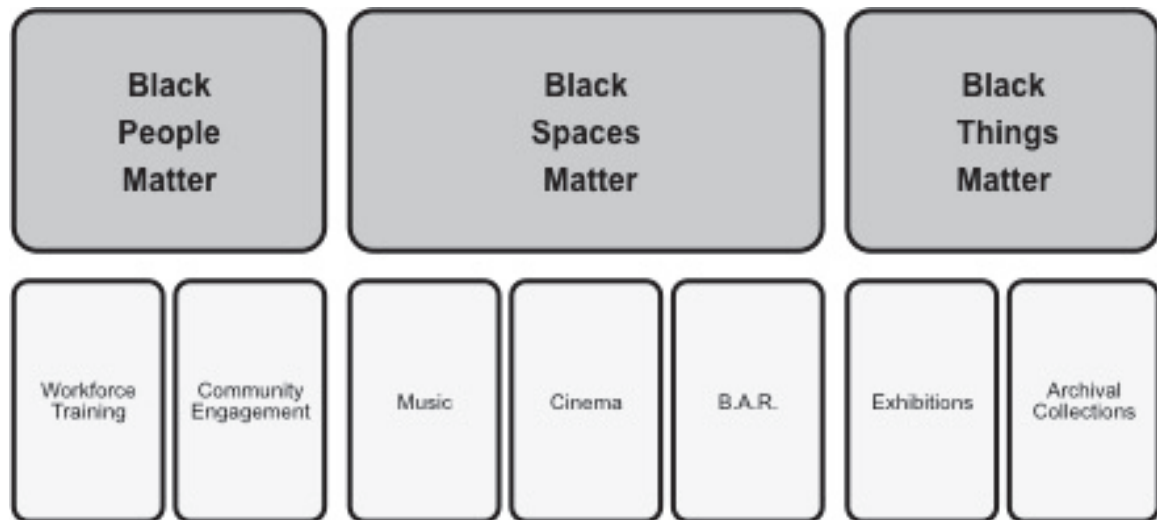
Three goals for 2017:

- Simplify + streamline; fewer, but more ambitious + impactful programs
- Grow workforce training program – in size and sophistication of curriculum
- Identify key areas of collaboration with Arts + Public Life and Space Fund to avoid redundancies and leverage talent of full team

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### Values-Driven Programming

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### Key Changes

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Arts Bank hours will shift to Wednesday thru Sunday to capitalize on audience availability

Collections will have special hours, so that staff energy can be more focused on exhibitions during open hours, and other projects during off hours

Artists-in-residence will be key programmatic partners – not only performing, but helping to curate programming (i.e. musicians alternate month-to-month performing and identifying colleagues to perform)

Arts Bank as hub of all programming, corollary programming/projects happens off-site

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## Program Objectives

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### Workforce Training

- Develop strategic partnerships to increase ability to hire/train more works (Emerson Collective, Safer Foundation, etc.)
- Build an innovative and responsive curriculum that focuses building and construction trades and creative industries

### Community Engagement

- Launch a community advisory board that will serve as advocates for our work and important feedback loop on programming
- Engage more deeply with South Shore Fine Arts Academy through weekly arts education opportunities
- Leverage space as an asset, making our spaces available to individuals, associations and institutions working for change on the South Side

### Music

- Increase visibility of weekly programming through strategic partnerships with nationally and internationally known musicians (Meshell, Corinne, etc.) and local clubs and promoters (Leroy Bach, Constellation, etc.)
- 

### Cinema

- Expand opportunities for additional voices, invite additional associate and guest curators to participate in programming
- Build audience by consolidating schedule selecting one day of the week (Friday) to host bulk of programming

### B.A.R.

- Expand nationally, with at least 2 other convenings outside Chicago
- Lift the veil on Chicago gathering, opening at least 2 events during Chicago BAR to the public

### Exhibitions

- Challenge the assumption that the first floor has to be a 'traditional' gallery space and use it as home for innovative interdisciplinary projects

### Collections

- Leverage volunteer, intern and fellow hours to make more robust catalogues of existing collections – which will allow for more use in programs and exhibitions going forward
- Flesh out an ideology of our approach to collections to have a stronger approach to funders

Rebuild Foundation has recently received the gazebo from the Cudell Recreation Center in Cleveland, OH, where Tamir Rice's life was taken at the hands of the state. A team of individuals from Rebuild Foundation and Arts + Public Life have come together to steer a programming initiative surrounding the Gazebo, which will be presented as a Collective Memorial. Pieces of the Gazebo will be placed in the atrium of the Stony Island Arts Bank, and at the request of Samaria Rice, Tamir's mother, the Gazebo will serve as a memorial to Tamir's life. From March 15 to May 28, 2017, the Stony Island Arts Bank will become a space of listening and reflection.

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Invitation to Collaborate

## A Collective Memorial: Tamir Rice and the Reflection Space

Rebuild Foundation is a platform for art, cultural development, and neighborhood transformation. Our projects, in and around Chicago's Greater Grand Crossing neighborhood, support artists and strengthen communities by providing free arts programming, creating new cultural amenities, and developing affordable housing, studio, and live-work space. Rebuild's receipt of this Gazebo marks a turning point for the organization, and the Collective Memorial has become the catalyst for a deeper and permanent commitment to artistically respond to systemic injustice.

With Rebuild's work being informed by these core values: **black people matter, black spaces matter and black things matter**, we receive this object in the spirit of upholding black life, black joy. These values will become the overarching themes for the Collective Memorial. Knowing the weight that such an object carries, during this time we seek to hold space for collective mourning, healing, and imagining. Space for listening and witnessing. Space for play. Space that centers and bridges all communities of color harmed by state violence.

We asked ourselves: Why us? How might an arts space, a black arts space, serve adequately as a container, aggregator, and platform for this work? How might we serve as convener of artists, organizers, community leaders, and community members in dialogue to offer up new ways of seeing, hearing, and healing? Can this object designed to shelter, but that failed to do so for Tamir, be reclaimed for that purpose? How can we cultivate space for collective action, resistance, and refuge? We don't seek to offer answers ourselves or hold ourselves as the righteous receptors of this piece, but rather to leverage the potential and power of the people, the folks at the center of this work.

We are proposing a themed structure to program around this memorial, and are inviting you to participate because of your work in and with communities at the forefront of responding to and resisting state violence. We are inviting you and other organizations and artists to activate and be activated by the Collective Memorial. All ideas are welcome.

Ciphers, circles, teach-ins, trainings, film screenings, book readings, black joy and play spaces. As partners, we hope for and encourage open conversation, critique, and collaboration. We hope you will consider joining us in this moment when seemingly now more than ever before, resistance is required.

**If you are interested, please see the next page for more details and form to submit your program idea.**

*A Collective Memorial: Tamir Rice and the Reflection Space* will consist of 10 weeks of programming that seeks to open up space for dialogue, celebrate black life, and provide tangible tools for action and resisting state violence.

Programming will be shared across at least eight organizations and artists, presented through the overarching themes of: **Black People, Black Spaces, and Black Things**. All collaborating organizations will receive a modest honorarium to help cover the costs associated with the proposed activation, program, or event.

Please review our proposed structure and themes, and if you are interested in participating, complete [this digital form](#) to share your idea by February 10.

## Structures

Each organization/artist will have up to three opportunities to program or activate the space in the way that makes the most sense for you/your organization to respond. This does not mean you have to program the space everyday during that period. You can suggest a single activation, a recurring activation or multiple options.

This can take the form of, for example: teach-ins, political education trainings, open forums, creative performances or exchanges, film screenings with discussions (in partnership with Black Cinema House), open mics, and book readings (in partnership with Rebuild/BING collections). The programs can be things you already have developed or new ideas. Staff will work with you to develop programming and relate it to programs we already have as makes sense. We are reaching out to a number of organizations and artists, and encourage (and can help support) collaboration between you and another partner.

## Themes

We are proposing the following themes for you to consider your program to fall under. This list is not exhaustive, but an offering to help frame the project. If you have another theme to offer, please submit that as well.

Black People • Witnessing, Family testimony + re-traumatization, Anti-blackness, Weaponizing + devaluing the black body, State sanctioned violence, Human rights, Emotional labor

Black Spaces • Public space + public life, Joy, Collective mourning, Memorializing, Dialogues, Spirituality/ worship/prayer in space, Play, (Radical) Imagination

Black Things • Art, the fetishization of black pain, Resistance, Intersectionality, Healing, Education, Ritual + object

## In Closing

Thank you for your attention to this lengthy request, and we truly hope you will consider joining us in this journey. In an attempt to clarify who we are and why we are engaged in this work, we are attaching the team names and bios, as well as a list and bios of our respected project advisors. Again, you can [submit your program idea in this brief digital form](#) by Friday, February 10. Feel free to reach out with any questions to: [collectivememorial@rebuild-foundation.org](mailto:collectivememorial@rebuild-foundation.org)

With gratitude and in solidarity,  
Collective Memorial Steering Committee

### Steering Committee

**Quenna L. Barrett**  
Education Programs Manager,  
Arts + Public Life

**Sabrina Craig**  
Cinema Programs Manager,  
Black Cinema House

**Korvell Curry**  
Security + Operations  
Coordinator, Rebuild Foundation

**Sheree Goertzen**  
Operations Manager,  
Rebuild Foundation

**Isis Ferguson**  
Associate Director of City +  
Community Strategy, Place Lab

**Nikki Patin**  
Community Arts Engagement  
Manager, Arts + Public Life

**Amy Schachman**  
Director of Programs +  
Development, Rebuild Foundation

**Nadia Sulayman**  
Associate Director of Community  
Arts + Programs, Arts + Public Life

**Advisory Committee**  
**Samaria Rice**  
Tamir's mother

**Christine Bowen**  
Community member

**Clemon Clay**  
Community member/  
Owner, Gordy Barber Shop

**Alice Kim**  
Co-founder, Chicago Torture  
Justice Memorials

**Barbara Ransby**  
Professor, Gender & Women's  
Studies, African American  
Studies, and History,  
University of Illinois at  
Chicago

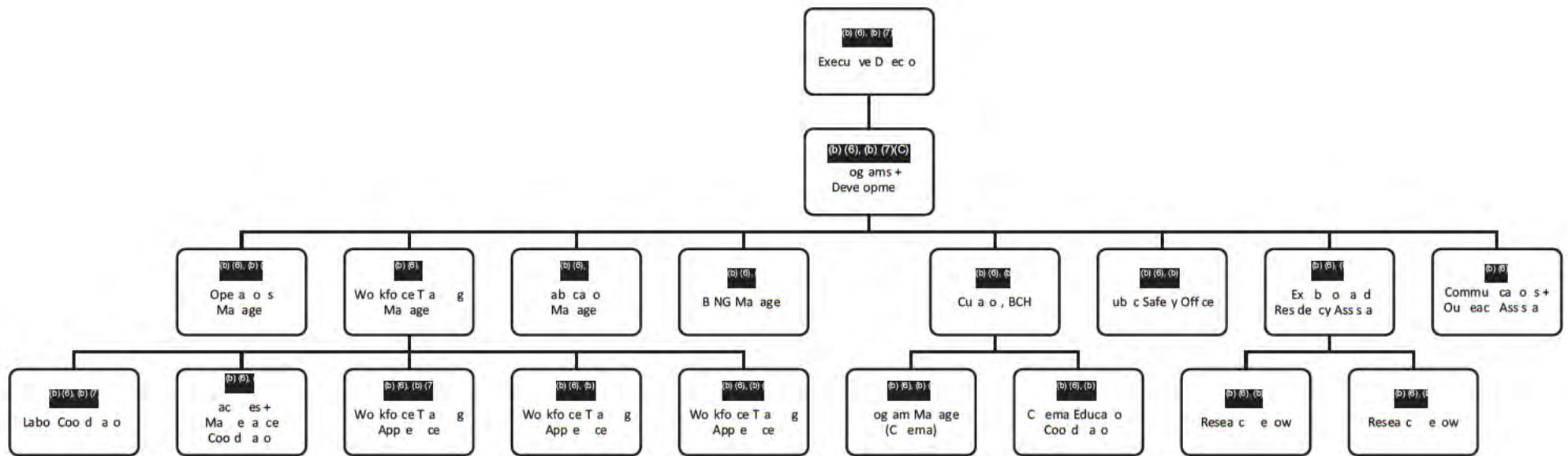
**Lisa Yun Lee**  
Director, Department of Art  
and Art History, University of  
Illinois at Chicago/Board  
Member, Rebuild Foundation

**Barak adé Soleil**  
Inaugural Choreographer-in-  
Residence, Rebuild Foundation

**Jacqueline Najuma Stewart**  
Director, Gray Center for Arts  
and Inquiry and Professor of  
Cinema and Media Studies, the  
University of Chicago/Curator,  
Black Cinema House

# Rebuild Org Chart

January 2017



# How the Pieces Fit Together

Programming Across the Ecosystem

## Black People Matter

## Black Spaces Matter

## Black Things Matter

Community  
Engagement

Workforce  
Training

Music

Cinema

Retreats +  
Salons

Exhibitions

Archival  
Collections

**Rebuild:**  
Greater  
Grand  
Cross ng  
+Dorches-  
ter

(b) (6), (b) (7)(C)

Everyone

**APL:**  
Wash.  
Park +  
C ty

(b) (6), (b) (7)(C)

Everyone

**Rebuild:**  
Adu ts

(b) (6), (b) (7)(C)

**APL:**  
Teens

(b) (6), (b) (7)(C)

**Rebuild:**  
Nat ona /  
tour ng  
mus c ans,  
spec a  
projects

(b) (6), (b) (7)(C)

**APL:**  
Week y  
performan-  
ces by  
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(b) (6), (b) (7)(C)

**Rebuild:**  
Fr days at  
the Bank,  
youth ed,  
summer  
projects

(b) (6), (b) (7)(C)

**APL:**  
Prepp ng  
for arr va  
of GLAC

(b) (6), (b) (7)(C)

**Rebuild:**  
B ack  
Art st  
Retreat

(b) (6), (b) (7)(C)

Everyone

**APL:**  
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(b) (6), (b) (7)(C)

**Rebuild:**  
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**APL:**  
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(b) (6), (b) (7)(C)

**Rebuild:**  
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Lectures,  
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g

(b) (6), (b) (7)(C)

**APL:**  
Emerg ng

# Who Does What

Beyond programming

Fundraising + Budgets – (b) (6), (b) (7)(C)

Rentals – (b) (6), (b) (7)(C)

Tours + Field Trips – (b) (6), (b) (7)(C)

Volunteers + Docent Program – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Website – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

E-Newsletter – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Social Media – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Invoices + Deposits – (b) (6), (b) (7)(C)

Human Resources – (b) (6), (b) (7)(C)

Youth Education – (b) (6), (b) (7)(C)

People who want to do X at the Bank – (b) (6), (b) (7)(C)

Community Advisory Board – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Community Engagement in General – (b) (6), (b) (7)(C)

Internship Inquiries – (b) (6), (b) (7)(C)

Press/Media – (b) (6), (b) (7)(C)

People looking for Theaster – (b) (6), (b) (7)(C)

Building Access/Issues – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Supplies/AV/IT – (b) (6), (b) (7)(C)

Moving Things – (b) (6), (b) (7)(C)

Arts Bank Calendar – (b) (6), (b) (7)(C)

Donations (Money) – (b) (6), (b) (7)(C)

Donations (Books) – (b) (6), (b) (7)(C) → (b) (6), (b) (7)(C)

Donations (Other Collections) – (b) (6), (b) (7)(C) → (b) (6), (b) (7)(C)

## Standing Meetings

### WEEKLY

(b) (6), (b) (7)(C) + (b) (6), (b) (7)(C) (30 min)  
(b) (6), (b) (7)(C) + (b) (6), (b) (7)(C) (1 hour)  
(b) (6), (b) (7)(C) + (b) (6), (b) (7)(C) (30 min)  
(b) (6), (b) (7)(C) + (b) (6), (b) (7)(C) (30 min)  
(b) (6), (b) (7)(C) + (b) (6), (b) (7)(C) (30 min)

### BIWEEKLY

All Workforce Meeting

### MONTHLY

All Staff Meeting

All Community Engagement Meeting ((b) (6), (b) (7)(C) etc.)

All Collections Meeting ((b) (6), (b) (7)(C))

### QUARTERLY

All Staff Meeting

## Artists-in-Residence/Fellow Point People

Train – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Mikel – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Yaw – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Onye – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Stacy – (b) (6), (b) (7)(C)

Maggie – (b) (6), (b) (7)(C)

Amina – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

Lidiya – (b) (6), (b) (7)(C) + (b) (6), (b) (7)(C)

# Rebuild Foundation

## WEEKLY STATUS REPORT

To:

From:

Period Ending:

ACTIVITIES COMPLETED THIS WEEK		

ACTIVITIES IN PROCESS	NEXT ACTION	DUE DATE

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<b>Issues to be discussed:</b>



	<ul style="list-style-type: none"> <li>- Finalize Foodhero agreement</li> <li>- Send email blast to all participants, covering next steps</li> </ul>	<ul style="list-style-type: none"> <li>- 1/13/17</li> </ul>
PAC	<ul style="list-style-type: none"> <li>- Convo with (b) (5), (b) (7)(C)</li> <li>- Address broken lanterns</li> </ul>	<ul style="list-style-type: none"> <li>- 1/13/16</li> <li>- 1/12/16</li> </ul>
Communications + Misc.	<ul style="list-style-type: none"> <li>- Set up call with Bloomberg comms team</li> <li>- Complete outline of partner agreement for circulation</li> </ul>	<ul style="list-style-type: none"> <li>- TBD</li> <li>- 1/13/16</li> </ul>
CBI	<ul style="list-style-type: none"> <li>- Complete all licensing and permitting</li> <li>- Schedule CBI Manager test dinner(s)</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing</li> <li>- TBD</li> </ul>

<b>Issues to be discussed with</b> (b) (6), (b) (7)(C)
Next steps for interior design of ArtHouse's FOH space

# Stony Island Arts Bank Open Hours Staffing

Now Through Mid March

	Tuesday	Wednesday	Thursday	Friday	Saturday
(b) (6), (b) (7)(C)	12-7 BING	12-7 BING	12-7 BING	12-7 BING	12-7 BING
	12-7 Collections	12-7 Collections	12-7 Collections	12-7 Collections	12-7 Collections
(b) (6), (b) (7)(C)	12-7 1st Floor	12-7 1st Floor	12-7 1st Floor	12-7 1st Floor	12-7 1st Floor
(b) (6), (b) (7)(C)	12-4 BING/Collections	12-4 BING/Collections	12-4 BING/Collections	12-4 BING/Collections	
BCH				Screening Coverage	
(b) (6), (b) (7)(C)	Support for lunch breaks/coverage for sick days + PTO				

# Stony Island Arts Bank Open Hours Staffing

Starting Mid-March

	Wednesday	Thursday	Friday	Saturday	Sunday
(b) (6), (b) (7)(C)	12-7 BING	12-7 1st Floor	12-7 BING	12-7 BING	1x Month – 1st Floor
(b) (6), (b) (7)(C)	12-7 Collections	12-7 Collections	12-7 Collections	12-7 Collections	1x Month – 1st Floor
(b) (6), (b) (7)(C)	12-7 1st Floor	12-7 1st Floor	12-7 1st Floor	12-7 1st Floor	12-7 1st Floor
(b) (6), (b) (7)(C)		12-4 BING	12-4 BING		12-4 BING
(b) (6), (b) (7)(C)					1x Month – 1st Floor
(b) (6), (b) (7)(C)					1x Month – 1st Floor
(b) (6), (b) (7)(C)				All for Tamir	All for Tamir
(b) (6), (b) (7)(C)	12-5 1st Floor	12-5 1st Floor	12-5 1st Floor		
BCH			Coverage for evening screenings		

**From:** (b) (6), (b) (7)(C)  
**To:** Guerrero, Maria  
**Subject:** Fwd: Re: UPDATED BCH Summer/Fall Progress Report  
**Date:** Tuesday, February 28, 2017 11:13:20 AM

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----- Forwarded message -----

**From:** "(b) (6), (b) (7)(C)" <@rebuild-foundation.org>  
**Date:** Nov 9, 2016 1:52 PM  
**Subject:** Re: UPDATED BCH Summer/Fall Progress Report  
**To:** (b) (6), (b) (7)(C) <@rebuild-foundation.org>  
**Cc:**

Hey, this is a great document of your accomplishments over the short period you've been on staff. Thanks so much for pulling it together. I'd like to share it with (b) (6), (b) (7)(C) and then with (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) if it's ready. Ok with you?

Best,  
(b) (6), (b) (7)(C)

On Tue, Nov 8, 2016 at 5:31 PM, (b) (6), (b) (7)(C) <@rebuild-foundation.org> wrote:  
Hey (b) (6), (b) (7)(C)

I've put a star next to the sections I edited per your requests. Please let me know if you have any questions, concerns, critiques or additions. Thank you.

#### **\*Teen Arts Council**

**July 2016** Met with Teen Arts Council at APL to discuss my career trajectory as well as provided insight into the plethora of local opportunities available to teens interested in film education/production/exhibition. Members of the TAC received a consolidated document detailing these opportunities.

#### **\*On the Beat Film Club**

**August 2016**, Developed and led an experimental music video production class with BCH (b) (6), (b) (7)(C) (b) (6), (b) (7)(C). We recruited 5 multigenerational participants for a 4 week filmmaking crash course culminating into a screening of students' work to an audience of 16 persons. These films are currently available for screening via Rebuild's vimeo page.

#### **BCH 1 Year Curriculum**

**Sept. 2016**, Created 12 month roster of BCH workshops, pedagogical events, and classes targeting youth, adults, working professionals, emerging artists and non profit arts organizations. This curriculum awaits approval as the BCH Education budget is still under revision. See attached document for descriptions of proposed initiatives.

#### **Cinema As Rhythm and Poetry Class**

**Sept. 7th** BCH launched an adult filmmaking workshop centering artists development and alternative production methodologies. This class is held 5:30 to 7:00PM Wednesdays and scheduled to end Dec. 7th. This class currently holds 10 -12 participants with half the students rolling over from (b) (6), (b) (7)(C) past class.

### South Shore Fine Arts Academy

Sept. 9th, (b) (6), (b) (7)(C) BCH (b) (6), (b) (7)(C) met with (b) (6), (b) (7)(C) South Shore Fine Arts Academy, and (b) (6), (b) (7)(C) w/ SSFAA. During this meeting the Youth Documentary course described in the proposed BCH 1 year curriculum was pitched, developed, and approved.

Feb. 6th is the proposed starting date (decided upon by aforementioned SSFAA staff) that could best accommodate this 12 week class of 15 students. It was suggested the class be pitched to potential participating youths within SSFAA early January.

Until the start of the Youth Documentary class, Informal Fall Youth Media Screenings were suggested as a way of building interests and moments of engagement for SSFAA students. This interest we hope would carry over into the Feb. class. However, logistics of this screening series are still being developed (site, permission slips for travel between sites, etc.) My concern with this (proposed) biweekly youth friendly screening series is that it will not create continued engagement with cinema as a medium of production as the series are too centered upon passive consumption and brief talkbacks.

My brief experience in instructing youths of this age leads me to believe this ad hoc screening series as a tool for building impact and engagement is not sustainable nor congruent with Rebuild's expressed pedagogical aims.

### YMCA Youth Safety and Violence Program: Story Squad

Oct. 12th, (b) (6), (b) (7)(C) of YMCA's Youth Safety & Violence Program and (b) (6), (b) (7)(C) met to discuss a collaboration between BCH's educational initiatives and the community of youths (b) (6), (b) (7) serves.

Story Squad, a program ran by (b) (6), (b) (7) beneath the YMCA umbrella, documents at risk youth experiences via audio narratives. As Story Squad transitions into multimedia adaptations of these narratives, this program was pitched as a potential site of collaboration with BCH. The Youth Experimental Music Video Production class detailed in the 1 year BCH curriculum was proposed in return as a way of merging his community and their expressed interests into our platform. (b) (6), (b) (7) and (b) (6), (b) (7)(C) decided the experimental music video course would offer enough variation from what the youths are currently exposed to in Story Squad while offering new technical skills and continued moments of critical reflection via content creation.

The proposed start date/time for this class is **Thursday Nov. 10th** (initially the 8th but moved due to Election Day) from 5:30 to 7PM. It was also decided that I pitch this course to the Story Squad community the first week of Nov. as (b) (6), (b) (7) suggested (b) (6) students need another week or two to adjust to their new multimedia production model. This class would accommodate 10 to 15 students over the course of 12 weeks, ending the first week of Feb. 2017.

In the 1 Year BCH Curriculum, proposed organizational partners for this class includes Young Chicago Authors, Donda's House, Teen Arts Council, and (b) (6), (b) (7)(C) with the aims of creating a synergistic production platform for teens involved in music/video production. However these proposed collaborations will not be fulfilled for the 2016 iteration of the class as the timing of our course doesn't align with the Fall 2016 calendars of aforementioned organizations.

### \*Chicago International Film Festival and BCH Partnership

**October 2016** CIFF and BCH partnered to provide free festival tickets to BCH film students. This opportunity served as an extension of BCH's pedagogical praxis as students were able to attend industry panels, workshops, as well as meet filmmakers.

### \*Continuing BCH Educational Opportunities

Each BCH event offers additional educational opportunities to students as they are invited to hone their video production skills via live event documentation and editing. Visiting media artists are also invited to BCH classes to engage students via workshops and discussions centering their work.

**\*Rebuild Documentation**

The Following events/performances/exhibitions/spaces have been documented and archived: Johnson Publishing Company Building (11th floor office), Art21 screening, Glen Ligon's installation, Barak De Soleil's rehearsals & performance, Michael Patrick Avery's performances, Coultrain's performances, Kellie Romany's pottery, Truth Booth north lawn installation, Outdoor Sculpture at 7200 S Kimbark

**\*Current Tasks**

Finalizing equipment purchases for Fall 2016 youth classes. Finalizing more comprehensive budget for BCH 2017 educational initiatives Developing and implementing an equipment sign-out plan for multiple users at SIAB

(b) (6), (b) (7)(C)

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(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

[University of Chicago](#)  
[Rebuild Foundation](#)

6760 S. Stony Island Avenue  
Chicago, IL 60649

**From:** [Thomas, James D. \(Chicago\)](#)  
**To:** [Guerrero, Maria](#)  
**Cc:** [Herring, Sean C. \(Chicago\)](#)  
**Subject:** Fwd: Rebuild Foundation 13-CA-193618  
**Date:** Tuesday, February 28, 2017 4:29:48 PM  
**Attachments:** [image001.gif](#)

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Maria:

I am writing to follow-up on my voicemail. I will be representing Rebuild Foundation in the above-captioned charge. Will you please give me a call at your convenience to discuss the charge. I am available today on my cell phone (b) (6), (b) (7)(C) and tomorrow at my office (312-803-2552).

Thanks,

Jim

**James D. Thomas**

Attorney at Law

**Jackson Lewis P.C.**

150 North Michigan Avenue

Suite 2500

Chicago, IL 60601

Direct: (312) 803-2552 | Main: (312) 787-4949

[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com) | [www.jacksonlewis.com](http://www.jacksonlewis.com)

*Jackson Lewis P.C. is included in the 2016 rankings of the AmLaw 100 and Global 100 law firms.*

----- Forwarded message -----

From: **Guerrero, Maria** <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)>

Date: Tue, Feb 28, 2017 at 3:56 PM

Subject: Rebuild Foundation 13-CA-193618

To: (b) (6), (b) (7)(C) <[@rebuild-foundation.org](mailto:(b) (6), (b) (7)(C)@rebuild-foundation.org)> (b) (6), (b) (7)(C) <[@rebuild-foundation.org](mailto:(b) (6), (b) (7)(C)@rebuild-foundation.org)>

(b) (6), (b) (7)(C)

I've tried reaching you by phone at (312) 857-5561 however, I have been unsuccessful. If there is a different number that I should be calling please let me know. I am contacting you because I am the

Board agent assigned to investigate the charge filed against Rebuild Foundation by (b) (6), (b) (7)(C). Please contact me at the number below as soon as possible so that we can discuss the case.

Regards,

**Maria G. Guerrero, Field Examiner**

National Labor Relations Board | Region 13

219 South Dearborn Street, Suite 808

Chicago, Illinois 60604

Main: [312.353.7570](tel:312.353.7570)

Direct: [312.353.0329](tel:312.353.0329)

Fax: [312.886.1341](tel:312.886.1341)

--

(b) (6), (b) (7)(C)

Rebuild Foundation

6916 S. Dorchester Ave | Chicago, IL 60637

(b) (6), (b) (7)(C)

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 13  
Dirksen Federal Building  
219 South Dearborn Street, Suite 808  
Chicago, IL 60604-2027

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (312)353-7570  
Direct: (312)353-0329  
Fax: (312)886-1341

March 1, 2017

James D. Thomas, ESQ.  
Jackson Lewis P.C.  
150 N Michigan Ave Ste 2500  
Chicago, IL 60601-7619

Re: Rebuild Foundation  
Case 13-CA-193618

Dear Mr. Thomas:

As you know, I am investigating the above-captioned charge filed by (b) (6), (b) (7)(C) alleging that that the Employer violated Section 8(a)(1) of the National Labor Relations Act. This letter will set forth the specific allegations the Employer needs to address and the evidence this office is requesting as part of the investigation.

**Allegation:** The allegation for which I am seeking your evidence is as follows. On (b) (6), (b) (7)(C), 2017, the Employer, through (b) (6), (b) (7)(C), via e-mail, indefinitely suspended, (b) (6), (b) (7)(C) because (b) (6) engaged in protected concerted activity.

**Board Affidavits:** I am requesting to take affidavits from (b) (6), (b) (7)(C), and any other individuals you believe have information relevant to the investigation of this matter. Please be advised that the failure to present representatives who would appear to have information relevant to the investigation, for the purposes of my taking sworn statements from them, constitutes less than complete cooperation in the investigation of the charge. If you are willing to provide affidavits, please contact me by March 8, 2017 to schedule.

**Documents:** Please provide the following documents, along with any and all other evidence you deem to be relevant to the case:

1. (b) (6), (b) (7)(C) personnel file;
2. Personnel file of any employee who has been disciplined or discharged for the same or similar reasons as those attributed to (b) (6), (b) (7)(C);
3. Any documents pertaining to the investigation that the Employer conducted regarding the incident that led to (b) (6), (b) (7)(C) suspension, and;
4. Any notes, minutes, and or any other documents, including emails, created by managers and or supervisors taken before, at or after meetings or phone calls concerning the decision to suspend (b) (6), (b) (7)(C).

**Commerce Questionnaire:** If you have not already done so, please submit a completed questionnaire on commerce.

**Date for Submitting Evidence:** As previously discussed, to resolve this matter as expeditiously as possible, you must provide your evidence and position in this matter by March 15, 2017. If you are willing to allow me to

take affidavits, please contact me by March 8, 2017 to schedule a time to take affidavits. Electronic filing of position statements and documentary evidence through the Agency website is preferred but not required. To file electronically, go to **www.nlr.gov**, select **E-File Documents**, enter the **NLRB case number**, and follow the detailed instructions. If I have not received all your evidence by the due date or spoken with you and agreed to another date, it will be necessary for me to make my recommendations based upon the information available to me at that time.

Please contact me at your earliest convenience by telephone, (312)353-0329, or e-mail, maria.guerrero@nlrb.gov, so that we can discuss how you would like to provide evidence and I can answer any questions you have with regard to the issues in this matter.

Very truly yours,

*Maria G. Guerrero*

Maria Guerrero  
Field Examiner

**From:** [Gianopulos, Kate](#)  
**To:** [Guerrero, Maria](#)  
**Subject:** Re: Reinstatement Letter Revised and Follow Up Notes  
**Date:** Friday, March 3, 2017 8:26:16 AM

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(b) (5)



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**From:** Guerrero, Maria  
**Sent:** Friday, March 3, 2017 8:24:43 AM  
**To:** Gianopulos, Kate  
**Subject:** FW: Reinstatement Letter Revised and Follow Up Notes

(b) (5)



**From:** (b) (6), (b) (7)(C) [mailto:(b) (6), (b) (7)(C)@rebuild-foundation.org]  
**Sent:** Thursday, March 02, 2017 11:59 PM  
**To:** Guerrero, Maria <Maria.Guerrero@nrlb.gov>  
**Subject:** Fwd: Reinstatement Letter Revised and Follow Up Notes

Hey Maria,

I'm following up with you as I sent this email to my superiors after my meeting today. I'll send over a scanned copy of the 'Warning and Reinstatement Letter?' documents I was handed tomorrow as I do not have access to a scanner at home.

I'm a bit concerned however as I was served 2 copies of the aforementioned document. The 1st copy I told (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) I could not read because of the font size (b) (6), (b) (7)(C). They printed a 2nd copy at a more legible font size however the first copy has the sentence written (b) (6), (b) (7)(C) refused to sign' dated & signed by (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) as I asked for more time to consider.

I fear this is a tactic to claim I resigned at will when I indeed expressed I intended to keep my position. Can you provide any further guidance into this matter? Thank you.

Best,

(b) (6), (b) (7)(C)

----- Forwarded message -----

From: (b) (6), (b) (7)(C) @rebuild-foundation.org>

Date: Thu, Mar 2, 2017 at 1:11 PM

Subject: Reinstatement Letter Revised and Follow Up Notes

To: (b) (6), (b) (7)(C) @rebuild-foundation.org>, (b) (6), (b) (7)(C) @rebuild-foundation.org

Hey (b) (6), (b) (7)(C)

Following our meeting I noticed the date of reinstatement is incorrect on the document you all drafted. Are you able to revise this and send over a new copy as I'd like to sign this document before the end of the day.

Also could you provide a bit of transparency into Rebuild's investigative process by including evidence that affirms I brought an 'unauthorized guest' into the event? As (b) (6), (b) (7)(C) explicitly gave me verbal authorization that I and guests could attend the salon, is it possible to host a mediation between (b) (6), (b) (7)(C) and I as to clarify my 'lapse in judgement' as stated in the Written Warning and Reinstatement Letter? I ask this as to ensure I am not involved in any further incidents such as the (b) (6), (b) (7)(C) salon.

Within our meeting I also addressed the discrepancy between the salary in my signed contract with the Rebuild Foundation and the amount I've been compensated to date. Can we set a day/time to meet next week to further discuss this matter? In addition to this (b) (6), (b) (7)(C) could you please provide clarity around Rebuild Foundation's use of workers' intellectual property without prior authorization? I could not find mention of this in our employee handbook.

Finally, as we've yet to receive a formal response to the list of submitted consolidated worker grievances under the Black Arts and Artisans Labor Coalition, and (b) (6), (b) (7)(C) as you mentioned in today's meeting you are not authorized to engage the concerns in the document, could you provide the contact information for those within the Rebuild Foundation that can address these concerns?

Thank you, I look forward to continuing the work within the Rebuild Foundation and look forward to further correspondence.

(b) (6), (b) (7)(C)


**From:** (b) (6), (b) (7)(C)  
**To:** [Guerrero, Maria](#)  
**Subject:** Re: NLRB Rebuild Foundation (b) (6), (b) (7)(C) Charge - Invitation to collaborate  
**Date:** Friday, (b) (6), (b) (7)(C) 2017 7:11:31 AM

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Hey Maria,

Bellow you'll find contact information for those who were mentioned in my affidavit.

(b) (6), (b) (7)(C)



Thank you.

On Tue, (b) (6), (b) (7)(C), 2017 at 9:04 AM, Guerrero, Maria <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)> wrote:

Thank you for getting these to me.

Maria

**From:** (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)  
**Sent:** Tuesday, (b) (6), (b) (7)(C) 2017 9:04 AM  
**To:** Guerrero, Maria <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)>  
**Subject:** Re: NLRB Rebuild Foundation (b) (6), (b) (7)(C) Charge - Invitation to collaborate

Hi Maria,

Attached to this email are the requested documents for our meeting today. Please let me know if you have any questions or concerns regarding these materials. See you at 10:30. Thank you.

(b) (6), (b) (7)(C)



(b) (6), (b) (7)(C)

On Tue, (b) (6), (b) (7)(C) 2017 at 8:05 AM, Guerrero, Maria <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)> wrote:

(b) (6), (b) (7)(C)

For security reasons, I can not access google drive documents. Please either bring in a flash drive, email as attachments, or e-file through our website.

Maria

On (b) (6), (b) (7)(C), 2017, at 11:17 PM, (b) (6), (b) (7)(C) (via Google Drive) <[drive-shares-noreply@google.com](mailto:drive-shares-noreply@google.com)> wrote:

(b) (6), (b) (7)(C) has invited you to **contribute** to the following shared folder:



[NLRB Rebuild Foundation](#) (b) (6), (b) (7)(C) [Charge](#)



Hi Maria,

My apologies for the late response in compiling these materials for our meeting tomorrow. Please let me know if you have any questions, concerns, or further requests for documentation. Thank you.

(b) (6), (b) (7)(C)

[Open](#)

This email grants access to this item. Only forward it to people you trust.

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USA



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(b) (6), (b) (7)(C)

--

(b) (6), (b) (7)(C)

**From:** (b) (6), (b) (7)(C)  
**To:** Guerrero, Maria  
**Subject:** Re: 13-CA-193618 Rebuild Foundation - Follow Up on 3.2.17 convo re reinstatement  
**Date:** Friday, March 3, 2017 2:07:03 PM  
**Attachments:** [image001.gif](#)  
(b) (6), (b) (7)(C) [Signed Reinstatement Letter.pdf](#)

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Maria,

Attached to this email you'll find my signed reinstatement letter from the Rebuild Foundation. Please let me know if you have any questions or concerns about this document or require any further information on my end. I truly appreciate your work. Thank you.

(b) (6), (b) (7)(C)

On Fri, Mar 3, 2017 at 10:29 AM, Guerrero, Maria <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)> wrote:

(b) (6), (b) (7)(C)

Yesterday when we spoke you told me that you had until today to inform the Employer of your response to the reinstatement offer. Please respond to this email and let me know by close of business today, 5pm, if you accepted the reinstatement offer and when you will be resuming your job duties at Rebuild.

Regards,

**Maria G. Guerrero, Field Examiner**

National Labor Relations Board | Region 13

219 South Dearborn Street, Suite 808

Chicago, Illinois 60604

Main: [312.353.7570](tel:312.353.7570)

Direct: [312.353.0329](tel:312.353.0329)

Fax: [312.886.1341](tel:312.886.1341)

|

--

(b) (6), (b) (7)(C)

DATE: (b) (6), (b) (7)(C) 2017

To: (b) (6), (b) (7)(C)

Cc: (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Personnel file

From: (b) (6), (b) (7)(C)

**RE: Written Warning and Reinstatement Letter**

As you know, we conducted an investigation after receiving a complaint about you and your guest's conduct at one of Rebuild Foundation's private events on (b) (6), (b) (7)(C). As we discussed when we met with you on the following day, Friday (b) (6), (b) (7)(C) we suspended your employment effectively immediately while we conducted an investigation of the incident.

We spoke to several witnesses and reviewed videos taken of the incident as part of our investigation. Based on our investigation, we made the following findings:

- You attended a private event after being granted permission to do so upon your request;
- You were not given permission to bring any guests with you but you brought at least one individual to attend the event who did not have prior authorization;
- Your unauthorized guest caused an inappropriate disruption of the event, which led to you and (b) (6), (b) (7)(C) being asked to leave the premises.

Based on the foregoing, we conclude that your involvement in the incident does not warrant employment termination. However, we think that you had a lapse in judgment in deciding to bring an unauthorized guest to a private event without prior approval, which ultimately led to an inappropriate disruption in our scheduled program. As a result, this letter will serve as a written warning to you to refrain from further inappropriate conduct in the future.

It is expected that you will refrain from any inappropriate behavior and comply with our standards of conduct on a regular and consistent basis. Be advised that failure to adhere to Company policy will result in further disciplinary action, up to and including termination.

We will end your suspension and reinstate your employment effective today, Friday.

(b) (6), (b) (7)(C)

Employee Signature:

(b) (6), (b) (7)(C)

Date:

(b) (6), (b) (7)(C)

Supervisor Signature: (b) (6), (b) (7)(C)

Date:

(b) (6), (b) (7)(C)

Management Signature:

Date:

(b) (6), (b) (7)(C)

2017

2017

**From:** [Guerrero, Maria](#)  
**To:** (b) (6), (b) (7)(C)  
**Subject:** RE: 13-CA-193618 Rebuild Foundation - Follow Up on 3.2.17 convo re reinstatement  
**Date:** Tuesday, March 7, 2017 10:19:00 AM  
**Attachments:** [image001.gif](#)

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Thank you, I am glad to hear that you are now reinstated and back at work.

Maria

**From:** (b) (6), (b) (7)(C) [mailto:(b) (6), (b) (7)(C)]  
**Sent:** Friday, March 03, 2017 2:07 PM  
**To:** Guerrero, Maria <Maria.Guerrero@nlrb.gov>  
**Subject:** Re: 13-CA-193618 Rebuild Foundation - Follow Up on 3.2.17 convo re reinstatement

Maria,

Attached to this email you'll find my signed reinstatement letter from the Rebuild Foundation. Please let me know if you have any questions or concerns about this document or require any further information on my end. I truly appreciate your work. Thank you.

(b) (6), (b) (7)(C)

On Fri, Mar 3, 2017 at 10:29 AM, Guerrero, Maria <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)> wrote:



(b) (6), (b) (7)(C)

Yesterday when we spoke you told me that you had until today to inform the Employer of your response to the reinstatement offer. Please respond to this email and let me know by close of business today, 5pm, if you accepted the reinstatement offer and when you will be resuming your job duties at Rebuild.

Regards,

**Maria G. Guerrero, Field Examiner**  
National Labor Relations Board | Region 13  
219 South Dearborn Street, Suite 808  
Chicago, Illinois 60604

Main: [312.353.7570](tel:312.353.7570)  
Direct: [312.353.0329](tel:312.353.0329)  
Fax: [312.886.1341](tel:312.886.1341)

--

(b) (6), (b) (7)(C)

**From:** [Guerrero, Maria](#)  
**To:** (b) (6), (b) (7)(C)  
**Subject:** Your Voicemail 3.9.17 (PCA & Striking)  
**Date:** Friday, March 10, 2017 6:58:00 AM  
**Attachments:** [image001.gif](#)

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(b) (6), (b) (7)(C)

I am in receipt of your voicemail from yesterday afternoon. As explained during your affidavit, I am a neutral investigator. I cannot provide you guidance on PCA and striking. If you have questions regarding these issues please contact the lawyer referral numbers that I provided you when you came in for your affidavit. Or as I mentioned you can also look on our website at [www.nlrb.gov](http://www.nlrb.gov) for helpful resources including information on rights we protect, cases, and our manuals.

Regards,

Maria G. Guerrero, Field Examiner  
National Labor Relations Board | Region 13  
219 South Dearborn Street, Suite 808  
Chicago, Illinois 60604

Main: 312.353.7570  
Direct: 312.353.0329  
Fax: 312.886.1341



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 13  
Dirksen Federal Building  
219 South Dearborn Street, Suite 808  
Chicago, IL 60604-2027

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (312)353-7570  
Fax: (312)886-1341

Agent's Direct Dial: (312)353-0329

March 14, 2017

(b) (6), (b) (7)(C)

Re: Rebuild Foundation  
Inquiry 1-1922481751

Dear (b) (6), (b) (7)(C)

Pursuant to our conversation, enclosed is a Charge Against Employer form. If you wish to file this charge with us, please do the following:

- ✓ Make any necessary corrections on the form
- ✓ Fill in any incomplete spaces
- ✓ Sign and date the form where indicated at the bottom
- ✓ Return the form to the above address or fax number

You may also wish to keep a copy of the charge for yourself. Once we receive a signed charge from you, we will give it a case number and assign a Board agent to investigate the case. We will then send you a letter telling you the case number and the name of the investigator.

Please remember that to be timely, your charge must be filed **and served on the charged party** within six months of the alleged unlawful actions. We normally send a copy of the charge to the charged party, but if you are running close to the 6-month deadline, be advised that it is your responsibility to see that the Employer receives a copy of the charge within the 6-month period. Feel free to contact me if you have any questions or need further assistance. If I am not in, please ask to speak to the Information Officer.

Very truly yours,

Maria Guerrero  
Field Examiner

Enclosure

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER**

**INSTRUCTIONS:**

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
13-CA-195032	3/17/17

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer Rebuild Foundation		b. Tel. No. (312)857-5561
		c. Cell No.
d. Address (street, city, state ZIP code) 6760 S Stony Island Ave, Chicago, IL 60649-1026	e. Employer Representative (b) (6), (b) (7)(C)	f. Fax No.
		g. e-Mail (b) (6), (b) (7)(C)@rebuild-foundation.org
		h. Dispute Location (City and State) Chicago, IL
i. Type of Establishment (factory, nursing home, hotel) Non Profit Arts Foundation	j. Principal Product or Service Cultural Programs and Workshops	k. Number of workers at dispute location 19

1. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

Since about (b) (6), (b) (7)(C) 2016, the Employer discriminated against employee (b) (6), (b) (7)(C) by issuing (b) (6), (b) (7)(C) more onerous working conditions when it instituted new accountability measures only applicable to (b) (6), (b) (7)(C) in retaliation for (b) (6), (b) (7)(C) protected concerted activities and in order to discourage further protected activity.

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**

(b) (6), (b) (7)(C)	
4a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	4b. Tel. No. (b) (6), (b) (7)(C)
	4c. Cell No.
	4d. Fax No.
	4e. e-Mail (b) (6), (b) (7)(C)

**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filed in when charge is filed by a labor organization)****6. DECLARATION**

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) An Individual	Tel. No. (b) (6), (b) (7)(C)
(signature of representative or person making charge)	Print Name and Title	Office, if any, Cell No.
Address: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Date: 3/15/17	Fax No.
		e-Mail (b) (6), (b) (7)(C)

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. (b) (6), (b) (7)(C)

Cases

Case Number	Case Name	Case Actions	Date Filed	Status	IA Category	Charging Party Petitioner	Blocked	Hot Topics	Dispute/Unit City	Dispute/Unit State	Charged Party Employer	No. 8(b)(2) Discriminatees	No. 8(a)(3) Discriminatees	No. of Employees on Petition/Charge	Description	Inquiry Id	Type	Sub Type	Team	Field Agent	Field Supervisor	Barg Status	Closed Reason	Date Closed	New	File O	Method of Contact
13-CA-193618	Rebuild Foundation	Case Actions	2/22/2017	Open	2	(b) (6), (b) (7)(F)	No		Chicago	IL	Rebuild Foundation			19		(b) (6), (b) (7)(G)	C	CA	MGUERRER	MGUERRER	KGIANOPU	None				(b) (7)(E)	sFiled



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 13  
Dirksen Federal Building  
219 South Dearborn Street, Suite 808  
Chicago, IL 60604-2027

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (312)353-7570  
Fax: (312)886-1341



Download  
NLRB  
Mobile App

March 17, 2017

(b) (6), (b) (7)(C)

Rebuild Foundation  
6760 South Stony Island Avenue  
Chicago, IL 60649-1026

Re: Rebuild Foundation  
Case 13-CA-195032

Dear (b) (6), (b) (7)(C):

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Examiner Maria Guerrero whose telephone number is (312)353-0329 and e-mail address is [maria.guerrero@nlrb.gov](mailto:maria.guerrero@nlrb.gov). If this Board agent is not available, you may contact Supervisory Examiner Kate Gianopulos whose telephone number is (312)353-4162.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, [www.nlrb.gov](http://www.nlrb.gov), or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge by March 31, 2017. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not

March 17, 2017

enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

**Procedures:** We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, [www.nlr.gov](http://www.nlr.gov) or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Peter Sung Ohr', with a long horizontal stroke extending to the right.

Peter Sung Ohr  
Regional Director

MG/dg

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

**QUESTIONNAIRE ON COMMERCE INFORMATION**

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

CASE NUMBER

13-CA-195032

**1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)****2. TYPE OF ENTITY**☐ CORPORATION ☐ LLC ☐ LLP ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ OTHER (Specify )**3. IF A CORPORATION or LLC**A. STATE OF INCORPORATION  
OR FORMATION

B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

**4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS****5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR****6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).****7. A. PRINCIPAL LOCATION:****B. BRANCH LOCATIONS:****8. NUMBER OF PEOPLE PRESENTLY EMPLOYED**

A. Total:

B. At the address involved in this matter:

**9. DURING THE MOST RECENT (Check appropriate box): ☐ CALENDAR YR ☐ 12 MONTHS or ☐ FISCAL YR (FY dates )**

YES NO

A. Did you **provide services** valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value.  
\$B. If you answered no to 9A, did you **provide services** valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided.  
\$C. If you answered no to 9A and 9B, did you **provide services** valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$D. Did you **sell goods** valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$E. If you answered no to 9D, did you **sell goods** valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount.  
\$F. Did you **purchase and receive goods** valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$G. Did you **purchase and receive goods** valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$H. **Gross Revenues** from all sales or performance of services (Check the largest amount)☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 or more If less than \$100,000, indicate amount.I. Did you **begin operations within the last 12 months?** If yes, specify date: \_\_\_\_\_**10 ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?**☐ YES ☐ NO (If yes, name and address of association or group).**11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS**

NAME

TITLE

E-MAIL ADDRESS

TEL. NUMBER

**12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE**

NAME AND TITLE (Type or Print)

SIGNATURE

E-MAIL ADDRESS

DATE

**PRIVACY ACT STATEMENT**

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**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**REBUILD FOUNDATION**

Charged Party

and

**(b) (6), (b) (7)(C)**

Charging Party

**Case 13-CA-195032**

**AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, state under oath that on March 17, 2017, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

**(b) (6), (b) (7)(C)**

Rebuild Foundation  
6760 South Stony Island Avenue  
Chicago, IL 60649-1026

March 17, 2017

\_\_\_\_\_  
Date

Denise Gatsoudis, Designated Agent of  
NLRB

\_\_\_\_\_  
Name

*/s/ Denise Gatsoudis*

\_\_\_\_\_  
Signature



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 13  
Dirksen Federal Building  
219 South Dearborn Street, Suite 808  
Chicago, IL 60604-2027

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (312)353-7570  
Fax: (312)886-1341



Download  
NLRB  
Mobile App

March 17, 2017

(b) (6), (b) (7)(C)

Re: Rebuild Foundation  
Case 13-CA-195032

Dear (b) (6), (b) (7)(C)

The charge that you filed in this case on March 17, 2017 has been docketed as case number 13-CA-195032. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Examiner Maria Guerrero whose telephone number is (312)353-0329 and e-mail address is [maria.guerrero@nlrb.gov](mailto:maria.guerrero@nlrb.gov). If this Board agent is not available, you may contact Supervisory Examiner Kate Gianopulos whose telephone number is (312)353-4162.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, [www.nlr.gov](http://www.nlr.gov), or at the Regional office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

**Procedures:** We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue

March 17, 2017

to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website [www.nlr.gov](http://www.nlr.gov) or from the Regional Office upon your request. *NLRB Form 4541, Investigative Procedures* offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink, appearing to be 'Peter Sung Ohr', written over a horizontal line.

Peter Sung Ohr  
Regional Director

MG/dg  
Enclosure:  
Copy of Charge



Representing Management Exclusively in Workplace Law and Related Litigation				
Jackson Lewis P.C. 150 North Michigan Avenue Suite 2500 Chicago, Illinois 60601 Tel 312 787-4949 Fax 312 787-4995 www.jacksonlewis.com	ALBANY, NY	GREENVILLE, SC	MONMOUTH COUNTY, NJ	RALPH, NC
	ALBUQUERQUE, NM	HARTFORD, CT	MORRISTOWN, NJ	RAPID CITY, SD
	ATLANTA, GA	HONOLULU, HI*	NEW ORLEANS, LA	RICHMOND, VA
	AUSTIN, TX	HOUSTON, TX	NEW YORK, NY	SACRAMENTO, CA
	BALTIMORE, MD	INDIANAPOLIS, IN	NORFOLK, VA	SALT LAKE CITY, UT
	BIRMINGHAM, AL	JACKSONVILLE, FL	OMAHA, NE	SAN DIEGO, CA
	BOSTON, MA	KANSAS CITY REGION	ORANGE COUNTY, CA	SAN FRANCISCO, CA
	CHICAGO, IL	LAS VEGAS, NV	ORLANDO, FL	SAN JUAN, PR
	CINCINNATI, OH	LONG ISLAND, NY	PHILADELPHIA, PA	SEATTLE, WA
	CLEVELAND, OH	LOS ANGELES, CA	PHOENIX, AZ	ST. LOUIS, MO
	DALLAS, TX	MADISON, WI	PITTSBURGH, PA	STAMFORD, CT
	DAYTON, OH	MEMPHIS, TN	PORTLAND, OR	TAMPA, FL
	DENVER, CO	MIAMI, FL	PORTSMOUTH, NH	WASHINGTON, DC REGION
	DETROIT, MI	MILWAUKEE, WI	PROVIDENCE, RI	WHITE PLAINS, NY
	GRAND RAPIDS, MI	MINNEAPOLIS, MN		

\*through an affiliation with Jackson Lewis P.C., a Law Corporation

MY DIRECT DIAL IS: 312-803-2552  
MY EMAIL ADDRESS IS: JAMES.THOMAS@JACKSONLEWIS.COM

March 15, 2017

**Via Electronic Filing**

Maria Guerrero  
Field Examiner  
National Labor Relations Board, Region 13  
219 S. Dearborn, Suite 808  
Chicago, IL 60604

Re: **Rebuild Foundation (13-CA-193618)**

Dear Ms. Guerrero:

Rebuild Foundation ("Rebuild") hereby states its position with respect to the unfair labor practice charge filed by (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)) alleging that Rebuild violated Section 8(a)(1) of the Act by suspending (b) (6), (b) (7)(C) because (b) (6) allegedly engaged in protected concerted activity on Monday, (b) (6), (b) (7)(C), 2017. Rebuild vehemently denies (b) (6), (b) (7)(C) allegation.

As a preliminary matter, the Region need not even reach the merits of (b) (6), (b) (7)(C) charge because Rebuild does not meet the Board's jurisdictional requirements. The Region accordingly should dismiss the charge for lack of jurisdiction.

Notwithstanding the jurisdictional issue with the charge, (b) (6), (b) (7)(C) claims are meritless and should be dismissed. Rebuild suspended (b) (6), (b) (7)(C) on Friday, (b) (6), (b) (7)(C) 2017 while it investigated an incident involving (b) (6), (b) (7)(C) that occurred at a private event held at a Rebuild facility the prior day on Thursday, (b) (6), (b) (7)(C). Specifically, (b) (6), (b) (7)(C) brought unauthorized guests to a private event despite not having obtained permission to bring guests with (b) (6), (b) (7)(C) which ultimately led to one of (b) (6), (b) (7)(C) guests causing a substantial disruption of the event. Thus, (b) (6), (b) (7)(C) retaliation claim is completely meritless because the record shows Rebuild suspended (b) (6), (b) (7)(C) on Friday, (b) (6), (b) (7)(C), (b) (6), (b) (7)(C) before (b) (6) engaged in any alleged protected concerted activity.

## **I. Background**

### **A. About Rebuild**

Rebuild is a 501(c)(3) organization that provides a platform for art, cultural development, and neighborhood transformation. (b) (6), (b) (7)(C), Rebuild is part of a network of organizations, including Arts + Public Life, Place Lab, and the Space Fund, that collaborate to extend the social engagement of (b) (6), (b) (7)(C) studio practice to the South Side of Chicago and beyond. Rebuild's projects support artists and strengthen communities by providing free arts programming, creating new cultural amenities, and developing affordable housing, studio, and live-work space. Rebuild's mission is to make art matter more by demonstrating the impact of innovative, ambitious and entrepreneurial arts and cultural initiatives. Its work is informed by three core values: black people matter, black spaces matter, and black things matter.

One of Rebuild's projects is Black Cinema House. Black Cinema House hosts screenings and discussions of films by and about Black people and the issues shaping their lives. Black Cinema House also offers community video classes for youth and adults, encouraging its neighbors to explore their creativity, tell their own stories, and develop the skills to shape their own media images.

### **B. (b) (6), (b) (7)(C) Employment History**

In or around (b) (6), (b) (7)(C), Rebuild hired (b) (6), (b) (7)(C) as (b) (6), (b) (7)(C) for Black Cinema House. A copy of Rebuild's offer letter to (b) (6), (b) (7)(C) is attached as Exhibit 1, and a copy of (b) (6), (b) (7)(C) job description is attached as Exhibit 2. The (b) (6), (b) (7)(C) position held by (b) (6), (b) (7)(C) is a part-time position (25 hours per week) responsible for, among other things, (b) (6), (b) (7)(C)  
(b) (6), (b) (7)(C)

#### **i. (b) (6), (b) (7)(C) Incident that Led to (b) (6), (b) (7)(C) Suspension**

On Thursday, (b) (6), (b) (7)(C) 2017, Place Lab, a related organization affiliated with the University of Chicago, was holding an event at Rebuild's facility. The (b) (6), (b) (7)(C) event was part of a series of salon sessions on ethical redevelopment put on by the Place Lab. The Place Lab describes these salon sessions as follows: "the Ethical Redevelopment Salon is a by-invitation, membership-based club in the spirit of social gathering and knowledge exchange." See

<https://placelab.uchicago.edu/salon-sessions>. This was a private, invitation-only event, and (b) (6), (b) (7)(C) was not originally invited to the event.

Sometime prior to the scheduled event, (b) (6), (b) (7)(C) asked (b) (6), (b) (7)(C), the (b) (6), (b) (7)(C) of Place Lab, if (b) (6) could attend the event. (b) (6), (b) (7)(C) agreed that (b) (6), (b) (7)(C) could attend and even offered that (b) (6), (b) (7)(C) would sit out of the related dinner so that (b) (6) could attend (which should have been a clear indication to (b) (6), (b) (7)(C) of the limited guest list for the event). (b) (6), (b) (7)(C) never asked (b) (6), (b) (7)(C) if (b) (6) could bring a guest with (b) (6) to the event. Despite having had to receive a special invitation to the event (b) (6), (b) (7)(C) nonetheless decided to bring two unauthorized guests with (b) (6), (b) (7)(C). During the (b) (6), (b) (7)(C) event, one of (b) (6), (b) (7)(C) guest caused a major disruption to the event – a disruption that was so severe it resulted in (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) guest being removed from the premises.

On Friday, (b) (6), (b) (7)(C) 2017, (b) (6), (b) (7)(C) was scheduled to work at Rebuild. Shortly after (b) (6), (b) (7)(C) arrived on (b) (6), (b) (7)(C), (b) (6), (b) (7)(C) Rebuild's (b) (6), (b) (7)(C) (b) (6), (b) (7)(C), (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C), met with (b) (6), (b) (7)(C) to discuss the incident that occurred the prior evening. After a brief discussion, (b) (6), (b) (7)(C) informed (b) (6), (b) (7)(C) that (b) (6) was being suspended from work and that (b) (6), (b) (7)(C) would contact (b) (6), (b) (7)(C) after Rebuild concluded its investigation of the incident and determined its course of action concerning (b) (6), (b) (7)(C). (b) (6), (b) (7)(C) did not finish (b) (6), (b) (7)(C) normal working assignment on (b) (6), (b) (7)(C), and there is no question that Rebuild viewed (b) (6), (b) (7)(C) as being suspended at this point pending an investigation into (b) (6), (b) (7)(C) conduct. Indeed, (b) (6), (b) (7)(C) and others spent substantial time in the following days searching for a substitute to cover (b) (6), (b) (7)(C) scheduled classes for the next week. Attached as Exhibit 3 is an email between (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) on (b) (6), (b) (7)(C) discussing coverage for (b) (6), (b) (7)(C) classes during the upcoming week.

On Monday, (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) sent an email to (b) (6), (b) (7)(C) and other members of Rebuild's management purporting to set forth the concerns of a group of current and former African-American Rebuild workers. (b) (6), (b) (7)(C) responded to (b) (6), (b) (7)(C) email by thanking (b) (6), (b) (7)(C) for (b) (6), (b) (7)(C) letter, telling (b) (6), (b) (7)(C) that Rebuild would respond to (b) (6), (b) (7)(C) concerns, and reminding (b) (6), (b) (7)(C) that (b) (6), (b) (7)(C) was not to return to Rebuild until further notice. (b) (6), (b) (7)(C) reminder not to return to Rebuild was nothing more than a reiteration to (b) (6), (b) (7)(C) of the suspension (b) (6), (b) (7)(C) imposed Friday pending investigation of the (b) (6), (b) (7)(C) incident.

- ii. (b) (6), (b) (7)(C) Reinstatement from Suspension and Written Warning For (b) (6), (b) (7)(C) Incident

On March 2, (b) (6), (b) (7)(C) met with (b) (6), (b) (7)(C) informed (b) (6), (b) (7)(C) that Rebuild had completed its investigation and was reinstating (b) (6), (b) (7)(C) employment immediately. (b) (6), (b) (7)(C) also provided a copy of a written disciplinary warning letter to (b) (6), (b) (7)(C) that detailed Rebuild's dissatisfaction with (b) (6), (b) (7)(C) conduct on (b) (6), (b) (7)(C) and its expectations of (b) (6), (b) (7)(C) in the future. The disciplinary warning letter stated that (b) (6), (b) (7)(C) was suspended effective (b) (6), (b) (7)(C), 2017. Later that day, (b) (6), (b) (7)(C) sent an email to (b) (6), (b) (7)(C) commenting on an error in the reinstatement date in the disciplinary letter but (b) (6), (b) (7)(C) said nothing about the suspension date of (b) (6), (b) (7)(C) being incorrect or inaccurate. A copy of (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) email is attached as Exhibit 4. On (b) (6), (b) (7)(C) 2017, (b) (6), (b) (7)(C) returned a signed copy of the disciplinary letter, and again (b) (6), (b) (7)(C) requested no proposed changes to the suspension date of (b) (6), (b) (7)(C) stated in the letter. A copy of (b) (6), (b) (7)(C) signed disciplinary letter is attached as Exhibit 5.

## II. Argument

### A. The Board Does Not Have Jurisdiction over Rebuild Foundation

Because Rebuild's annual revenues do not exceed the \$1 million jurisdictional threshold for art museums and cultural centers, the Board does not have jurisdiction over Rebuild and must dismiss the charge. The Board consistently has applied a jurisdictional standard of \$1 million in annual revenues to art museums and other not-for-profit cultural entities with an educational component. See e.g. *Helen Clay Frick Foundation*, 217 NLRB 1100 (1975); *Trustees of the Corcoran Gallery of Art*, 186 NLRB 565 (1970). As discussed above, Rebuild is a not-for-profit entity with a mission of providing free arts programming, creating new cultural amenities, and developing affordable housing, studio, and live-work space. Indeed, one of Wallace's roles with Rebuild is to provide art based educational programming. Rebuild clearly falls within the Board's jurisdictional category for art museums, cultural centers, and related entities.

As set forth in the commerce questionnaire attached as Exhibit 6, Rebuild had less than \$1 million in revenues during 2016. Accordingly, by the Board's own standards, the Board has no jurisdiction over Rebuild and must dismiss the charge.

### B. Rebuild Did Not Unlawfully Suspend (b) (6), (b) (7)(C)

Under the well-established *Wright Line* doctrine, (b) (6), (b) (7)(C) must show that protected conduct was a motivating factor in Rebuild's actions to establish a prima facie case of discrimination in violation of the Act. See *Faurecia Exhaust Systems, Inc.*, 353 NLRB No. 34, at slip op. 2 (September 30, 2008) ("Under *Wright Line*, the General Counsel must first show by a preponderance of the evidence that protected activity was a motivating factor in the employer's adverse action."); *Wright Line, a Div. of Wright Line*, 251 NLRB 1083 (1980), *enf'd.*, 662 F.2d 899 (1st Cir. 1981), *cert den.*, 455 U.S. 989. Specifically, (b) (6), (b) (7)(C) must show that: (1) (b) (6), (b) (7)(C) engaged

in union or protected concerted activities; (2) Rebuild knew about such activity; (3) Rebuild took adverse employment action against Charging Party; and (4) there is a link or nexus between the protected activity and the adverse employment action. *Pacific Design Center*, 339 NLRB No. 57 (2003); *Wright Line*, 251 NLRB 1083 (1980). If (b) (6), (b) (7)(C) satisfies this burden, the burden shifts to Rebuild to prove that it would have taken the same action irrespective of whether (b) (6), (b) (7)(C) engaged in protected activity. *Int'l Union of Operating Eng'rs, Local 150 v. NLRB*, 325 F.3d 818, 826 (7th Cir. 2003); *Allstate Power Vac Inc.*, 354 NLRB No. 111 (2009); *Wright Line*, 251 NLRB at 1089.

There is no link or nexus between the alleged protected activity and (b) (6), (b) (7)(C) suspension. Rebuild suspended (b) (6), (b) (7)(C) on Friday, (b) (6), (b) (7)(C) – as set forth in (b) (6), (b) (7)(C) original charge and the disciplinary letter (b) (6) signed on (b) (6), (b) (7)(C) – *before* (b) (6), (b) (7)(C) ever engaged in the alleged protected concerted activity on Monday, (b) (6), (b) (7)(C). Contrary to the suggestion in your request for information, there is no evidence that Rebuild suspended (b) (6), (b) (7)(C) on Tuesday, (b) (6), (b) (7)(C) and it certainly did not suspend (b) (6), (b) (7)(C) for engaging in any alleged protected concerted activity. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) email to (b) (6), (b) (7)(C) was nothing more than a reminder to (b) (6), (b) (7)(C) (in follow-up to an email that (b) (6), (b) (7)(C) had sent) that (b) (6) was not to return to Rebuild until further notice. Because Rebuild's decision to suspend (b) (6), (b) (7)(C) predates any alleged protected activity under the Act, it cannot be found that Rebuild suspended (b) (6), (b) (7)(C) for engaging in that activity. Moreover, Rebuild's decision to suspend (b) (6), (b) (7)(C) had nothing to do with (b) (6), (b) (7)(C) alleged protected activity and everything to do with the fact that (b) (6) brought unauthorized guests to a small, private event and one of those guests then created such a major disruption to the event that (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) had to be removed.

In short, there is no basis for any conclusion other than that Rebuild suspended (b) (6), (b) (7)(C) on Friday, (b) (6), (b) (7)(C) for the incident (b) (6) was involved in a day prior on Thursday, (b) (6), (b) (7)(C).

The only protected concerted activity in which (b) (6), (b) (7)(C) is alleged to have engaged is (b) (6), (b) (7)(C) email submission of a document purporting to set forth concerns of other African-American employees. But (b) (6), (b) (7)(C) cannot possibly establish the second, third, or fourth prongs of the *Wright Line* test because this alleged protected concerted activity took place after Rebuild suspended (b) (6), (b) (7)(C).

Even if the Region were to conclude incorrectly that Rebuild somehow did not suspend (b) (6), (b) (7)(C) until (b) (6), (b) (7)(C) – which it should not – (b) (6), (b) (7)(C) still cannot establish a case of retaliation under *Wright Line* because Rebuild would have taken the same actions irrespective of whether (b) (6), (b) (7)(C) engaged in any protected activity. As explained above, Rebuild's decision to suspend (b) (6), (b) (7)(C) had nothing to do with the letter that (b) (6), (b) (7)(C) sent on (b) (6), (b) (7)(C). Thus, Rebuild would have suspended (b) (6), (b) (7)(C) irrespective of whether (b) (6), (b) (7)(C) engaged in any alleged protected

concerted activity. (b) (6), (b) (7)(C) has therefore failed to set forth an actionable claim of retaliation, and the Region should dismiss (b) (6), (b) (7)(C) charge.

*Requested Documents*

**Request 1:** (b) (6), (b) (7)(C) personnel file.

**Response:** A copy of (b) (6), (b) (7)(C) offer letter, job description, and disciplinary letter are attached.

**Request 2:** Personnel file of any employee who has been disciplined or discharged for the same or similar reasons as those attributed to (b) (6), (b) (7)(C).

**Response:** No other Rebuild employee has engaged in conduct similar to that which led to (b) (6), (b) (7)(C) suspension.

**Request 3:** Any documents pertaining to the investigation that the Employer conducted regarding the incident that led to (b) (6), (b) (7)(C) suspension.

**Response:** Rebuild objects to this request to the extent that it is vague, overly broad, and unduly burdensome. Without waiving and subject to the foregoing objections, Rebuild has included with this letter the disciplinary letter signed by (b) (6), (b) (7)(C).

**Request 4:** Any notes, minutes, and or any other documents, including emails, created by managers and or supervisors taken before, at or after meetings or phone calls concerning the decision to suspend (b) (6), (b) (7)(C).

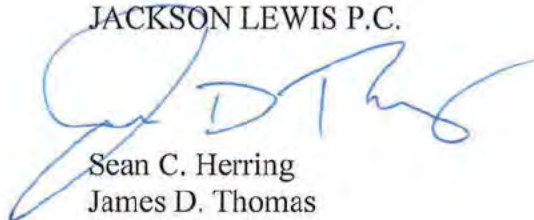
**Response:** Rebuild objects to this request to the extent that it is vague, overly broad, and unduly burdensome. Without waiving and subject to the foregoing objections, please see the documents more specifically referenced in this position statement.

*Conclusion*

For all the foregoing reasons, Rebuild Foundation respectfully submits that the Board does not have jurisdiction to consider (b) (6), (b) (7)(C) unfair labor practice charge and that the charge otherwise is without merit and should be dismissed in its entirety.

Very truly yours,

JACKSON LEWIS P.C.

A handwritten signature in blue ink, appearing to be "Sean C. Herring" and "James D. Thomas", is written over the typed names.

Sean C. Herring  
James D. Thomas

Enclosures

# EXHIBIT 2

B U I  
E T L  
R I D

6916 S. Dorchester Ave.  
Chicago, IL 60637

E info@rebuild-foundation.org  
P 312 857 5561

www.rebuild-foundation.org

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Dear (b) (6), (b) (7)(C)

On behalf of Rebuild Foundation, It is with great pleasure that I extend to you an offer for the position of (b) (6), (b) (7)(C) Black Cinema House, as it is described in the attached job description. Over the past year, our programs through Black Cinema House have expanded to now include educational workshops, and we very much look forward to your contribution to that exciting growth.

The position is 25 hours per week, with some evening and weekend hours, and comes with an annual salary of (b) (6), (b) (7)(C). After an initial 60-day probationary period, your manager will review your performance with you and in conversation with you will determine whether the position continues to be a good fit for you and for Rebuild Foundation. At all times, your employment will be "at-will," which means that you or Rebuild Foundation can terminate your employment for any reason other than a reason prohibited by law.

We are very much looking forward to having you contribute as part of our team. Please do not hesitate to contact (b) (6), (b) (7)(C) should you have any questions. Your signature below this offer letter confirms your acceptance of this offer. Please return one signed copy to (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

**Acceptance of Offer**

Your signature confirms the salary agreed upon and other terms of your appointment specified in the above letter.

I have read and understand the terms and provisions of this offer, and herewith agree to its terms.

Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

# EXHIBIT 3

----- Forwarded message -----

From: (b) (6), (b) (7)(C) @rebuild-foundation.org>

Date: Sat, (b) (6), (b) (7)(C) 2017 at 8:53 PM

Subject: BHC class coverage

To: (b) (6), (b) (7)(C) @uchicago.edu>

Hey (b) (6), (b) (7)(C)

I'm putting together a few thoughts on how to continue BCH classes, both short- and long-term. This is assuming (b) (6), (b) (7)(C) doesn't provide (b) (6) curriculum or syllabi, so someone will have to develop their own. It would be great to hire a BCH teaching artist but it will take some time to find the right person.

#### THIS WEEK:

- (b) (6), (b) (7)(C) has co-taught with (b) (6), (b) (7)(C) a few times, and even though (b) (6), (b) (7)(C) probably not the best choice to take over long-term, (b) (6) could likely cover for a week. (b) (6) could do both youth and adult classes.
- (b) (6), (b) (7)(C), our runner-up for the position in (b) (6), (b) (7)(C) might be interested in taking on both classes short-term, if (b) (6), (b) (7)(C) schedule permits. (b) (6), (b) (7)(C) has the experience to jump right in.
- The groups listed below might be able to recommend someone available short-term.

#### ONGOING:

- Free Spirit Media could possibly be contracted to take over the youth program. (b) (6), (b) (7)(C) (from WIDC!) could provide an intro to (b) (6), (b) (7)(C).
- Another possibility is Community Film Workshop, with (b) (6), (b) (7)(C). (b) (6), (b) (7)(C) might also know of possible film teaching artists.
- Or Chicago Filmmakers, which runs youth and adult classes year-round.
- Or Street Level Youth Media (now part of Urban Gateways) - youth only
- Job applicant (b) (6), (b) (7)(C) might be worth another look for the youth classes.

Just a few initial thoughts. I'd like to reach out to someone asap for this week's classes. Could we chat sometime Sunday?

Hope you're enjoying the gorgeous weekend!

S

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) University of Chicago  
| Rebuild Foundation

# EXHIBIT 4

----- Forwarded message -----

From: (b) (6), (b) (7)(C) @rebuild-foundation.org>

Date: Thu, Mar 2, 2017 at 1:11 PM

Subject: Reinstatement Letter Revised and Follow Up Notes

To: (b) (6), (b) (7)(C) @rebuild-foundation.org> (b) (6), (b) (7)(C) @rebuild-foundation.org

Hey (b) (6), (b) (7)(C)

Following our meeting I noticed the date of reinstatement is incorrect on the document you all drafted. Are you able to revise this and send over a new copy as I'd like to sign this document before the end of the day.

Also could you provide a bit of transparency into Rebuild's investigative process by including evidence that affirms I brought an 'unauthorized guest' into the event? As (b) (6), (b) (7)(C) explicitly gave me verbal authorization that I and guests could attend the salon, is it possible to host a mediation between (b) (6), (b) (7)(C) and I as to clarify my 'lapse in judgement' as stated in the Written Warning and Reinstatement Letter? I ask this as to ensure I am not involved in any further incidents such as the (b) (6), (b) (7)(C) salon.

Within our meeting I also addressed the discrepancy between the salary in my signed contract with the Rebuild Foundation and the amount I've been compensated to date. Can we set a day/time to meet next week to further discuss this matter? In addition to this (b) (6), (b) (7)(C) could you please provide clarity around Rebuild Foundation's use of workers' intellectual property without prior authorization? I could not find mention of this in our employee handbook.

Finally, as we've yet to receive a formal response to the list of submitted consolidated worker grievances under the Black Arts and Artisans Labor Coalition, and Amy as you mentioned in today's meeting you are not authorized to engage the concerns in the document, could you provide the contact information for those within the Rebuild Foundation that can address these concerns?

Thank you, I look forward to continuing the work within the Rebuild Foundation and look forward to further correspondence.

(b) (6), (b) (7)(C)

# EXHIBIT 5

DATE: (b) (6), (b) (7)(C) 2017

To: (b) (6), (b) (7)(C)

Ce: (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

### Personnel file

From: (b) (6), (b) (7)(C)

**RE: Written Warning and Reinstatement Letter**

As you know, we conducted an investigation after receiving a complaint about you and your guest's conduct at one of Rebuild Foundation's private events on (b) (6), (b) (7)(C). As we discussed when we met with you on the following day, Friday (b) (6), (b) (7)(C) we suspended your employment effectively immediately while we conducted an investigation of the incident.

We spoke to several witnesses and reviewed videos taken of the incident as part of our investigation. Based on our investigation, we made the following findings:

- You attended a private event after being granted permission to do so upon your request;
- You were not given permission to bring any guests with you but you brought at least one individual to attend the event who did not have prior authorization;
- Your unauthorized guest caused an inappropriate disruption of the event, which led to you and (b) (6), (b) (7)(C) being asked to leave the premises.

Based on the foregoing, we conclude that your involvement in the incident does not warrant employment termination. However, we think that you had a lapse in judgment in deciding to bring an unauthorized guest to a private event without prior approval, which ultimately led to an inappropriate disruption in our scheduled program. As a result, this letter will serve as a written warning to you to refrain from further inappropriate conduct in the future.

It is expected that you will refrain from any inappropriate behavior and comply with our standards of conduct on a regular and consistent basis. Be advised that failure to adhere to Company policy will result in further disciplinary action, up to and including termination.

We will end your suspension and reinstate your employment effective today, Friday, (b) (6) (b) (7)(C).

(b) (6), (b) (7)(C)

Employee Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date:

Supervisor Signature: (b) (6), (b) (7)(C)

Date:

Management Signature

Date \_\_\_\_\_

# EXHIBIT 6

Revised 3/21/2011

## NATIONAL LABOR RELATIONS BOARD

## QUESTIONNAIRE ON COMMERCE INFORMATION

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

CASE NUMBER

13-CA-193618

## 1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)

The Rebuild Foundation NFP

## 2. TYPE OF ENTITY

☒ CORPORATION ☐ LLC ☐ LLP ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ OTHER (Specify)

## 3. IF A CORPORATION or LLC

A. STATE OF INCORPORATION  
OR FORMATION IllinoisB. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES  
N/A

## 4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS

N/A

## 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR

N/A

## 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).

Free arts and cultural center on the South Side of Chicago, hosting arts exhibitions, arts ed workshops, and public programs about black history/culture

## 7. A. PRINCIPAL LOCATION:

6760 S. Stony Island Ave.

## B. BRANCH LOCATIONS:

6918 S. Dorchester Ave, 6916 S. Dorchester Ave, 1456 E. 70th St.

## 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED

A. Total: 11

B. At the address involved in this matter: 11

9. DURING THE MOST RECENT (Check appropriate box): ☐ CALENDAR YR ☐ 12 MONTHS or ☐ FISCAL YR (FY dates)

	YES	NO
A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$	x	
B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$		
C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$		
D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$	x	
E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$		
F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$	x	
G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$	x	
H. Gross Revenues from all sales or performance of services (Check the largest amount): <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input checked="" type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 or more If less than \$100,000, indicate amount.		
I. Did you begin operations within the last 12 months? If yes, specify date: N/A		

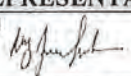
## 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?

☐ YES ☒ NO (If yes, name and address of association or group).

## 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS

NAME	TITLE	E-MAIL ADDRESS	TEL. NUMBER
Amy Schachman	Director, Programs +Development	amy@rebuild-foundation.org	847.436.2500

## 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

NAME AND TITLE (Type or Print)	SIGNATURE	E-MAIL ADDRESS	DATE
Amy Schachman, Director, Programs +Development		amy@rebuild-foundation.org	3/15/2017

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

**From:** [Gianopulos, Kate](#)  
**To:** [Guerrero, Maria](#)  
**Subject:** RE: Rebuild Foundation 13-CA-193618 (Form 990)  
**Date:** Thursday, March 23, 2017 2:07:31 PM  
**Attachments:** [image002.gif](#)

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(b) (5)

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**From:** Guerrero, Maria  
**Sent:** Thursday, March 23, 2017 1:38 PM  
**To:** Gianopulos, Kate <Kate.Gianopulos@nlrb.gov>  
**Subject:** FW: Rebuild Foundation 13-CA-193618 (Form 990)

(b) (5)

Maria

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**From:** Guerrero, Maria  
**Sent:** Monday, March 20, 2017 10:10 AM  
**To:** 'Thomas, James D. (Chicago)' <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>  
**Subject:** RE: Rebuild Foundation 13-CA-193618 (Form 990)

Jim,

Thank you. It would be really helpful to receive the 990s or any other document showing finances / revenue, as soon as possible. If we can clearly establish that we do or do not have jurisdiction we can move forward accordingly.

That being said, I was notified this morning that (b) (6), (b) (7)(C) filed another charge. See attached. If we establish that we do not have jurisdiction before I need to send my request for evidence – *then* I will not send the request letter.

Please let me know if you have any questions, I look forward to receiving the 990s and or any other financial document and hope they will clarify the jurisdiction question.

Regards,

**Maria G. Guerrero, Field Examiner**  
National Labor Relations Board | Region 13  
219 South Dearborn Street, Suite 808  
Chicago, Illinois 60604

Main: 312.353.7570  
Direct: 312.353.0329  
Fax: 312.886.1341

---

**From:** Thomas, James D. (Chicago) [<mailto:James.Thomas@jacksonlewis.com>]

**Sent:** Thursday, March 16, 2017 10:38 AM  
**To:** Guerrero, Maria <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)>  
**Subject:** RE: Rebuild Foundation 13-CA-193618 (Form 990)

Maria:

I am working with my client to obtain the Form 990s. I will let you know as soon as I have them.

Jim

**James D. Thomas**

Attorney at Law

**Jackson Lewis P.C.**

150 North Michigan Avenue

Suite 2500

Chicago, IL 60601

Direct: (312) 803-2552 | Main: (312) 787-4949

[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com) | [www.jacksonlewis.com](http://www.jacksonlewis.com)

***Jackson Lewis P.C. is included in the 2016 rankings of the AmLaw 100 and Global 100 law firms.***

---

**From:** Guerrero, Maria [<mailto:Maria.Guerrero@nlrb.gov>]  
**Sent:** Tuesday, March 14, 2017 2:08 PM  
**To:** Thomas, James D. (Chicago) <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>  
**Subject:** Rebuild Foundation 13-CA-193618 (Form 990)

Jim,

Following up on our earlier conversation, please submit the IRS Form 990 for Rebuild for the years 2015 and 2016 with your statement of position – these documents should help in establishing whether or not the NLRB has jurisdiction. If you can please submit those tomorrow with your statement of position. If you can't get these documents by tomorrow, the end of the week will be fine.

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National Labor Relations Board | Region 13  
219 South Dearborn Street, Suite 808  
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From: [Thomas, James D. \(Chicago\)](#)  
To: [Guerrero, Maria](#)  
Cc: [Herring, Sean C. \(Chicago\)](#)  
Subject: RE: Rebuild Foundation 13-CA-193618 (Form 990)  
Date: Sunday, March 26, 2017 3:28:26 PM  
Attachments: [image002.gif](#)  
[2011 Rebuild Fndt. Public Disclosure.pdf](#)  
[2012-271308845-09ebf128-9.pdf](#)  
[2013-271308845-0afd4149-9.pdf](#)  
[2014-271308845-0c262ab8-9.pdf](#)  
[2015-990.PDF](#)  
[The Rebuild Foundation IncomeFY16.pdf](#)

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Maria:

I apologize for the delay in getting this information to you. As I mentioned to you on the phone, Rebuild will not have its 2016 Form 990 complete for some time. In lieu of the Form 990 for 2016, attached is a document showing Rebuild Foundation's revenue for 2016. Rebuild had less than \$1,000,000 in revenue during 2016. I also have attached Rebuild Foundation's Form 990s going back to 2011 (which also includes the 2010 information). As you will see, Rebuild had less than \$1,000,000 in revenue in every year except one.

Please let me know if you have any questions or would like to discuss further.

Jim

**James D. Thomas**

Attorney at Law

**Jackson Lewis P.C.**

150 North Michigan Avenue

Suite 2500

Chicago, IL 60601

Direct: (312) 803-2552 | Main: (312) 787-4949

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PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <div style="border: 1px solid black; padding: 2px;">THE REBUILD FOUNDATION</div> <div style="border: 1px solid black; padding: 2px;">Doing Business As</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6918 S. DORCHESTER AVE.</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or country, and ZIP + 4 CHICAGO, IL 60637</div>	<b>D Employer identification number</b> <div style="border: 1px solid black; padding: 2px;">27-1308845</div>
	<b>F Name and address of principal officer:</b> SHERYL PAPIER SAME AS C ABOVE	<b>E Telephone number</b> <div style="border: 1px solid black; padding: 2px;">773-551-7753</div>
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G Gross receipts \$</b> 413,298.
	<b>J Website:</b> ▶ HTTP://REBUILD-FOUNDATION.ORG	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>H(c) Group exemption number</b> ▶ <b>L Year of formation:</b> 2009 <b>M State of legal domicile:</b> IL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>REBUILD FOUNDATION ACTIVATES CREATIVE COMMUNITY RESOURCES TO BUILD VIBRANT NEIGHBORHOODS. WE ACT</b>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	3 6																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	4 6																								
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	5 0																								
	<b>6</b> Total number of volunteers (estimate if necessary) .....	6 12																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 0.																								
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	7b 0.																								
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%; text-align: center;">Prior Year</th> <th style="width:20%; text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">12,000.</td> <td align="right">413,298.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">12,000.</td> <td align="right">413,298.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	12,000.	413,298.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	0.	0.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	0.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	12,000.	413,298.						
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <div style="border: 1px solid black; padding: 2px;">SHERYL PAPIER, EXECUTIVE DIRECTOR</div> Type or print name and title	Date 
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">KIM HAUMANN</div>	Preparer's signature <div style="border: 1px solid black; padding: 2px;">KIM HAUMANN</div>
	Firm's name ▶ PLANTE & MORAN, PLLC	Date 11/12/12
	Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606	Check <input type="checkbox"/> if self-employed PTIN P00546491
		Firm's EIN ▶ 38-1357951
		Phone no. (312) 207-1040

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

REBUILD FOUNDATION ACTIVATES CREATIVE COMMUNITY RESOURCES TO BUILD  
VIBRANT NEIGHBORHOODS. WE ACT AS A CATALYST IN LOCAL ECONOMIES BY  
INTEGRATING SMALL BUSINESS INCUBATION, CREATIVE ARCHITECTURAL  
REHABILITATION, HANDS-ON EDUCATION, AND ARTISTIC INTERVENTION.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 37,358. including grants of \$ ) (Revenue \$ )  
WORK TRAINING PROGRAM - DEVELOPED AND ESTABLISHED A WORK TRAINING  
PROGRAM IN CARPENTRY SKILLS, MODEL BUILDING, AND WOOD WORKING  
APPRENTICESHIP PROGRAM.

**4b** (Code: ) (Expenses \$ 94,757. including grants of \$ ) (Revenue \$ )  
COMMUNITY PROGRAM INITIATIVE - ESTABLISHED AND CONDUCTED COMMUNITY  
PROGRAMMING IN THE ARTS AND CULTURAL PROGRAMMING IN THE GRAND CROSSINGS  
NEIGHBORHOOD.

**4c** (Code: ) (Expenses \$ 5,700. including grants of \$ ) (Revenue \$ )  
ESTABLISHED AN ARTIST PROGRAM RESIDENCY TO WORK WITH UNDER-SERVED  
COMMUNITIES AND RESIDENTS IN DISTRESSED COMMUNITY AREAS.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **137,815.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 6		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>		X
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>		X
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **IL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SHERYL PAPIER - 708 574-5242**  
**6918 S. DORCHESTER AVE., CHICAGO, IL 60637**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

## **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....								7,500.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								7,500.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	413,298.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ .....		13,000.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		413,298.				
Program Service Revenue			Business Code					
	<b>2 a</b>							
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....							
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>		(i) Real	(ii) Personal				
		Gross rents .....						
		Less: rental expenses .....						
		Rental income or (loss) .....						
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>		(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory .....						
		Less: cost or other basis and sales expenses .....						
		Gain or (loss) .....						
	<b>d</b>	Net gain or (loss) .....						
	<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>				
		Less: direct expenses .....	<b>b</b>					
		Net income or (loss) from fundraising events .....						
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>				
		Less: direct expenses .....	<b>b</b>					
		Net income or (loss) from gaming activities .....						
	<b>10 a</b>	Gross sales of inventory, less returns and allowances .....		<b>a</b>				
		Less: cost of goods sold .....	<b>b</b>					
		Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code						
<b>11 a</b>								
	All other revenue .....							
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....							
<b>12</b>	<b>Total revenue.</b> See instructions. ....			413,298.	0.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,000.		5,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	2,044.		2,044.	
c Accounting	5,000.		5,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	73,885.	73,885.		
12 Advertising and promotion				
13 Office expenses	3,741.	3,741.		
14 Information technology	3,000.	3,000.		
15 Royalties				
16 Occupancy	6,500.	6,500.		
17 Travel	31,045.	5,645.	3,900.	21,500.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	980.		980.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	22,580.	22,580.		
b ART SUPPLIES - PROGRAM	22,464.	22,464.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	176,239.	137,815.	16,924.	21,500.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,000.	<b>1</b>	104,161.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	0.	<b>3</b>	33,936.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	0.	<b>9</b>	980.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 214,796.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 0.	<b>10c</b>	214,796.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	14,500.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	12,000.	<b>16</b>	368,373.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	0.	<b>17</b>	119,314.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	0.	<b>26</b>	119,314.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets .....		12,000.	<b>27</b>	234,559.
<b>28</b> Temporarily restricted net assets .....			<b>28</b>	14,500.
<b>29</b> Permanently restricted net assets .....			<b>29</b>	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds .....			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> .....		12,000.	<b>33</b>	249,059.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	12,000.	<b>34</b>	368,373.	

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	413,298.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	176,239.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	237,059.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	12,000.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	0.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	249,059.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b> Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

THE REBUILD FOUNDATION

Employer identification number

27-1308845

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- |  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b> |     |    |
| (ii) A family member of a person described in (i) above? <b>11g(ii)</b>  |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>  |     |    |
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....				12,000.	413,298.	425,298.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....				12,000.	413,298.	425,298.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						425,298.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....				12,000.	413,298.	425,298.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						425,298.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

**Name of the organization**

THE REBUILD FOUNDATION

**Employer identification number**

27-1308845

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

(ii) Assets included in Form 990, Part X ..... ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ %

**b** Permanent endowment ☐ %

**c** Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		214,796.		214,796.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				214,796.

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
(11) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	413,298.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	176,239.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	237,059.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	237,059.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	413,298.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	413,298.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	413,298.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	176,239.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	176,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	176,239.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE FOUNDATION'S APPLICATION OF GAAPUSA REGARDING**

UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS

MANAGEMENT BELIEVES THE FOUNDATION HAS NO MATERIAL UNRECOGNIZED INCOME TAX

BENEFITS. THE FOUNDATION WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR

PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME

TAX BENEFITS AS INCOME TAX EXPENSE. AS THE FOUNDATION WAS FOUNDED IN 2010,

ALL PERIODS IT HAS BEEN IN EXISTENCE ARE STILL SUBJECT TO EXAMINATION BY

TAX AUTHORITIES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

THE REBUILD FOUNDATION

Employer identification number  
27-1308845

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS A CATALYST IN LOCAL ECONOMIES BY INTEGRATING SMALL BUSINESS

INCUBATION, CREATIVE ARCHITECTURAL REHABILITATION, HANDS-ON EDUCATION,

AND ARTISTIC INTERVENTION.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD RETAINS THE SERVICES OF  
AN INDEPENDENT CPA FIRM TO PREPARE OR REVIEW THE ORGANIZATION'S FORM 990.

MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL  
VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. A MEETING OR  
CONFERENCE CALL IS SCHEDULED FOR THE CPA FIRM AND ORGANIZATION MANAGEMENT  
TO DISCUSS FORM 990 WITH ALL VOTING MEMBERS OF THE GOVERNING BODY AND TO  
ANSWER ANY QUESTIONS PRIOR TO FILING FORM 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND BOARD  
MEMBERS ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE  
STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL  
CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL  
STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; THE  
CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE  
ORGANIZATION.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>THE REBUILD FOUNDATION</b>	Employer identification number (EIN) or  <input checked="" type="checkbox"/> <b>27-1308845</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6918 S. DORCHESTER AVE.</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60637</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SHERYL PAPIER**

- The books are in the care of ► **6918 S. DORCHESTER AVE. - CHICAGO, IL 60637**

Telephone No. ► **708 574-5242** FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2011** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
<b>Type or print</b> Name of exempt organization or other filer, see instructions <b>THE REBUILD FOUNDATION</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>27-1308845</b>
Number, street, and room or suite no. If a P.O. box, see instructions. <b>6918 S. DORCHESTER AVE.</b>	Social security number (SSN) <input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60637</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**SHERYL PAPIER**

- The books are in the care of ☒ **6918 S. DORCHESTER AVE. - CHICAGO, IL 60637**  
 Telephone No. ☒ **708 574-5242** FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**
- 5 For calendar year **2011**, or other tax year beginning , and ending .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension  
**THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title ☒ **ENROLLED AGENT** Date

Form **8868** (Rev. 1-2012)

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2012**

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

<b>C</b> Name of organization THE REBUILD FOUNDATION		<b>D</b> Employer identification number 27-1308845
Doing Business As		
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number (773) 620-6845
6918 S DORCHESTER AVE		
City or town, state or country, and ZIP + 4 CHICAGO, IL 60637		<b>G</b> Gross receipts \$ 928,843

<b>F</b> Name and address of principal officer JEFFREEN HAYES 6918 S DORCHESTER AVE CHICAGO, IL 60637	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
--	--

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** HTTP://REBUILD-FOUNDATION.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: 2009 **M** State of legal domicile: IL

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: REBUILD FOUNDATION ACTIVATES CREATIVE COMMUNITY RESOURCES TO BUILD VIBRANT NEIGHBORHOODS. WE ACT AS A CATALYST IN LOCAL ECONOMIES BY INTEGRATING SMALL BUSINESS INCUBATION, CREATIVE ARCHITECTURAL REHABILITATION, HANDS-ON EDUCATION, AND ARTISTIC INTERVENTION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
<b>Revenue</b>	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	24
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>Expenses</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 413,298	Current Year 928,843
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	413,298	928,843
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,000	231,029
<b>Net Assets or Fund Balances</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,000		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	171,239	189,881
	<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25)	176,239	420,910
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses—subtract line 18 from line 12	237,059	507,933
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 368,373	End of Year 760,992
	<b>21</b> Total liabilities (Part X, line 26)	119,314	4,000
	<b>22</b> Net assets or fund balances—subtract line 21 from line 20	249,059	756,992

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer	2013-11-14 Date
	THEASTER GATES EXECUTIVE DIRECTOR Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID LOWENTHAL	Preparer's signature	Date 2013-11-14	Check <input type="checkbox"/> if self-employed	PTIN P00378651
	Firm's name ▶ PLANTE & MORAN PLLC	Firm's EIN ▶ 38-1357951			
	Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606	Phone no (312) 207-1040			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III ☐ ☒

**1** Briefly describe the organization's mission:

REBUILD FOUNDATION ACTIVATES CREATIVE COMMUNITY RESOURCES TO BUILD VIBRANT NEIGHBORHOODS. WE ACT AS A CATALYST IN LOCAL ECONOMIES BY INTEGRATING SMALL BUSINESS INCUBATION, CREATIVE ARCHITECTURAL REHABILITATION, HANDS-ON EDUCATION, AND ARTISTIC INTERVENTION.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 160,801 including grants of \$ ) (Revenue \$ )  
WORK TRAINING PROGRAM - DEVELOPED AND ESTABLISHED A WORK TRAINING PROGRAM IN CARPENTRY SKILLS, MODEL BUILDING, AND WOOD WORKING APPRENTICESHIP PROGRAM.

**4b** (Code ) (Expenses \$ 80,401 including grants of \$ ) (Revenue \$ )  
COMMUNITY PROGRAM INITIATIVE - ESTABLISHED AND CONDUCTED COMMUNITY PROGRAMMING IN THE ARTS AND CULTURAL PROGRAMMING IN THE GRAND CROSSINGS NEIGHBORHOOD.

**4c** (Code ) (Expenses \$ 80,400 including grants of \$ ) (Revenue \$ )  
ESTABLISHED AN ARTIST PROGRAM RESIDENCY TO WORK WITH UNDER-SERVED COMMUNITIES AND RESIDENTS IN DISTRESSED COMMUNITY AREAS.

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** **Total program service expenses** 321,602

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 6		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 6		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	No
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	No
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶IL	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> Describe in Schedule O whether (and if so, how), the organization has governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JEFFREEN HAYES 6918 S DORCHESTER AVE CHICAGO, IL (773) 620-6845	

Check if Schedule O contains a response to any question in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation

Form 990 (2012)

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____				
	<b>b</b> Membership dues . . . . . <b>1b</b> _____				
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____				
	<b>d</b> Related organizations . . . . . <b>1d</b> _____				
	<b>e</b> Government grants (contributions) <b>1e</b> _____				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 928,843				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	928,843			
	<b>Program Service Revenue</b>	<b>2a</b> _____ Business Code _____			
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . ▶				
	<b>5</b> Royalties . . . . . ▶				
	<b>6a</b> Gross rents (i) Real (ii) Personal				
	<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . ▶				
	<b>7a</b> Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . ▶				
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> _____				
	<b>b</b> Less direct expenses . . . . . <b>b</b> _____				
	<b>c</b> Net income or (loss) from fundraising events . . ▶				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> _____				
	<b>b</b> Less direct expenses . . . . . <b>b</b> _____				
	<b>c</b> Net income or (loss) from gaming activities . . ▶				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b> _____				
	<b>b</b> Less cost of goods sold . . . . . <b>b</b> _____				
	<b>c</b> Net income or (loss) from sales of inventory . . ▶				
<b>11a</b> _____ Miscellaneous Revenue Business Code _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶					
<b>12 Total revenue.</b> See Instructions . . . . . ▶	928,843	0	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	40,000	20,000	10,000	10,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,000		3,000	3,000
7 Other salaries and wages	185,029	185,029		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	6,000		6,000	
c Accounting	15,000		15,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	4,000		3,000	1,000
14 Information technology	6,000	4,500	1,500	
15 Royalties				
16 Occupancy	91,462	68,597	22,865	
17 Travel	23,451	5,000	18,451	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,000	6,750	2,250	
23 Insurance	8,168	6,126	2,042	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ART SUPPLIES - PROGRAM	3,600	3,600		
b				
c				
d				
e All other expenses	23,200	22,000	1,200	
25 Total functional expenses. Add lines 1 through 24e.	420,910	321,602	85,308	14,000
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> If following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X ☐ ☒

			(A)		(B)
			Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .	104,161	<b>1</b>	209,921
	<b>2</b>	Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .	33,936	<b>3</b>	105,000
	<b>4</b>	Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	980	<b>9</b>	980
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	155,231		
	<b>10b</b>	Less: accumulated depreciation . . . . .	6,384		
			214,796	<b>10c</b>	148,847
	<b>11</b>	Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		<b>14</b>	
Liabilities	<b>15</b>	Other assets. See Part IV, line 11 . . . . .	14,500	<b>15</b>	296,244
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	368,373	<b>16</b>	760,992
	<b>17</b>	Accounts payable and accrued expenses . . . . .	119,314	<b>17</b>	4,000
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
Net Assets or Fund Balances	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	119,314	<b>26</b>	4,000
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets . . . . .	234,559	<b>27</b>	601,492
	<b>28</b>	Temporarily restricted net assets . . . . .	14,500	<b>28</b>	155,500
	<b>29</b>	Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	249,059	<b>33</b>	756,992
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	368,373	<b>34</b>	760,992

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	928,843
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	420,910
<b>3</b> Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	507,933
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	<b>4</b>	249,059
<b>5</b> Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b> Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b> Investment expenses . . . . .	<b>7</b>	
<b>8</b> Prior period adjustments . . . . .	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b> Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	756,992

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

<b>SCHEDULE A</b> (Form 990 or 990EZ)  Department of the Treasury Internal Revenue Service	<b>Public Charity Status and Public Support</b>  Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.	OMB No 1545-0047  <b>2012</b>  Open to Public Inspection
	<b>Name of the organization</b> THE REBUILD FOUNDATION	<b>Employer identification number</b> 27-1308845

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
(ii) A family member of a person described in (i) above?  
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

**Part II**

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			12,000	413,298	928,843	1,354,141
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3			12,000	413,298	928,843	1,354,141
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						1,354,141

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4			12,000	413,298	928,843	1,354,141
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						1,354,141
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶		
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶		
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶		
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶		

**Part III**

**Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

Section D. Computation of Investment Income Percentage		
<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support tests—2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

**Name of the organization**  
THE REBUILD FOUNDATION

**Employer identification number**  
27-1308845

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate contributions to (during year)		
<b>3</b> Aggregate grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

**6** Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

d

☐ Loan or exchange programs
- b

☐ Scholarly research

e

☐ Other
- c

☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21? 

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII 

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .		
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		90,731	1,163	89,568
d Equipment . . . . .		21,500		21,500
e Other . . . . .		43,000	5,221	37,779
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				148,847

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTY	296,244
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	296,244

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
See Additional Data Table	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Fin 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,021,286
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	92,443
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	92,443
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	928,843
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	928,843

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	513,353
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	92,443
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	92,443
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	420,910
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	420,910

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2012 AND 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. AS THE FOUNDATION WAS FOUNDED IN 2010, ALL PERIODS SINCE THE FOUNDATION HAS BEEN IN EXISTENCE ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization  
THE REBUILD FOUNDATION

**Employer identification number**

27-1308845

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE OR REVIEW THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. A MEETING OR CONFERENCE CALL IS SCHEDULED FOR THE CPA FIRM AND ORGANIZATION MANAGEMENT TO DISCUSS FORM 990 WITH ALL VOTING MEMBERS OF THE GOVERNING BODY AND TO ANSWER ANY QUESTIONS PRIOR TO FILING FORM 990 WITH THE IRS.
	FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND BOARD MEMBERS ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

<b>C</b> Name of organization The Rebuild Foundation		<b>D</b> Employer identification number 27-1308845
Doing business as		
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number
6918 South Dorchester Avenue		(773) 551-7753
City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60637		<b>G</b> Gross receipts \$ 585,819

**F** Name and address of principal officer  
Jeffreen Hayes  
6918 South Dorchester Avenue  
Chicago, IL 60637

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: <http://rebuild-foundation.org>

**H(c)** Group exemption number

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation 2009 **M** State of legal domicile IL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities Rebuild Foundation activates creative community resources to build vibrant neighborhoods. We act as a catalyst in local economies by integrating small business incubation, creative architectural rehabilitation, hands-on education, and artistic intervention.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
<b>Revenue</b>	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	17
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>8</b>	928,843
<b>Expenses</b>	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>9</b>	77,213
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	928,843
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>13</b>	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>15</b>	231,029
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 10,000	<b>16b</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>17</b>	189,881
	<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25)	<b>18</b>	420,910
<b>19</b> Revenue less expenses—subtract line 18 from line 12	<b>19</b>	507,933	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	760,992
	<b>21</b> Total liabilities (Part X, line 26)	<b>End of Year</b>	719,411
	<b>22</b> Net assets or fund balances—subtract line 21 from line 20		4,000
			715,003

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer	2014-11-14 Date			
	Theaster Gates Chairman Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Wayne Harder	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00294296
	Firm's name $\rightarrow$ MCGLADREY LLP	Firm's EIN $\rightarrow$ 42-0714325			
	Firm's address $\rightarrow$ 1 S WACKER DRIVE STE 800 CHICAGO, IL 60606	Phone no. (312) 634-3400			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐ ☒

1

Briefly describe the organization's mission

Rebuild Foundation activates creative community resources to build vibrant neighborhoods. We act as a catalyst in local economies by integrating small business incubation, creative architectural rehabilitation, hands-on education, and artistic intervention.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ 311,742 including grants of \$ ) (Revenue \$ )

Community Program Initiative Established and conducted community programming integrating art, culture and community, by providing programs within the arts and cultural in the Grand Crossings neighborhood in Chicago, and Hyde Park neighborhood in St. Louis, MO. This initiative supports Rebuild Foundation's vision of economic, social, spatial and cultural equity in historically disinvested neighborhoods. Programming initiatives include programs in music, gardening, visual and creative arts, and films and writing among others.

4b

(Code ) (Expenses \$ 95,921 including grants of \$ 23,353 ) (Revenue \$ 77,213 )

Artist Residency Established an artist program residency to work with under-served communities and residents in distressed community areas. Artists in Residence provide neighbors with access to high caliber arts education and programming in the neighborhood. Artists in Residence are provided space, engagement opportunities with local residents, and the opportunity to celebrate Black culture in all its manifestations through the use of space and venues.

4c

(Code ) (Expenses \$ 71,941 including grants of \$ ) (Revenue \$ )

Work Training Program Developed and established a work training program in carpentry skills, model building, and woodworking apprenticeship program. Developed a landscaping training program with an onsite public garden, and a custodian services training program.

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

479,604

Form **990** (2013)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b> Yes	
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b>	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>	Yes	
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 9		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>		No
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>		No
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶IL	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Jeffreen Hayes 6918 South Dorchester Avenue Chicago, IL 60637 (773) 620-6845	

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation

Form 990 (2013)

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>				
	<b>b</b>	Membership dues . . . . . <b>1b</b>				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>				
	<b>d</b>	Related organizations . . . . . <b>1d</b>				
	<b>e</b>	Government grants (contributions) <b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	508,606			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	508,606			
<b>Program Service Revenue</b>	<b>2a</b>	Residence Dev. Fees	531390	77,213	77,213	
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	77,213			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .				
<b>5</b>		Royalties . . . . .				
<b>6a</b>		Gross rents	(i) Real	(ii) Personal		
<b>b</b>		Less rental expenses				
<b>c</b>		Rental income or (loss)				
<b>d</b>		Net rental income or (loss) . . . . .				
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
<b>b</b>		Less cost or other basis and sales expenses				
<b>c</b>		Gain or (loss)				
<b>d</b>		Net gain or (loss) . . . . .				
<b>8a</b>		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .				
<b>b</b>		Less direct expenses . . . . .				
<b>c</b>		Net income or (loss) from fundraising events . . . . .				
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . .				
<b>b</b>		Less direct expenses . . . . .				
<b>c</b>		Net income or (loss) from gaming activities . . . . .				
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .				
<b>b</b>		Less cost of goods sold . . . . .				
<b>c</b>		Net income or (loss) from sales of inventory . . . . .				
<b>11a</b>	Miscellaneous Revenue	Business Code				
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue . . . . .					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .	585,819	77,213	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	23,353	23,353		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	25,652		25,652	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	85,491	67,969	17,522	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	13,615	8,305	5,310	
11 Fees for services (non-employees):				
a Management.				
b Legal.	4,100		4,100	
c Accounting.	18,800	9,400	9,400	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	251,581	251,581		
12 Advertising and promotion.	4,006		4,006	
13 Office expenses.	14,517	2,835	11,682	
14 Information technology.	28,935	1,308	27,627	
15 Royalties.				
16 Occupancy.	41,832	20,916	20,916	
17 Travel.	24,193	2,111	12,082	10,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,444		3,444	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	6,563		6,563	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.):				
a Program Supplies.	54,916	54,916		
b Food/Beverage.	36,910	36,910		
c Books and Subscriptions.	3,673		3,673	
d				
e All other expenses.	9,580		9,580	
25 Total functional expenses. Add lines 1 through 24e.	651,161	479,604	161,557	10,000
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	209,921	<b>1</b>	285,327
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	105,000	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	296,244	<b>5</b>	219,499
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	980	<b>9</b>	980
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	235,844		
	<b>10b</b> Less: accumulated depreciation . . . . .	22,239		
		148,847	<b>10c</b>	213,605
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	760,992	<b>16</b>	719,411
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	4,000	<b>17</b>	4,408
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	4,000	<b>26</b>	4,408
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	601,492	<b>27</b>	624,200
	<b>28</b> Temporarily restricted net assets . . . . .	155,500	<b>28</b>	90,803
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	756,992	<b>33</b>	715,003
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	760,992	<b>34</b>	719,411

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	585,819
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	651,161
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-65,342
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	<b>4</b>	756,992
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	23,353
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	715,003

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
**▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
The Rebuild Foundation

**Employer identification number**  
27-1308845

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
(ii) A family member of a person described in (i) above?  
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		12,000	413,298	928,843	508,606	1,862,747
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3		12,000	413,298	928,843	508,606	1,862,747
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						1,862,747

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4		12,000	413,298	928,843	508,606	1,862,747
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> (Add lines 7 through 10)						1,862,747
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	77,213
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶		
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶		
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶		

**Part III**

**Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ▶						

Section C. Computation of Public Support Percentage		
<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	

Section D. Computation of Investment Income Percentage		
<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶		
<b>b 33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2013****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
 ▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization**  
 The Rebuild Foundation
**Employer identification number**

27-1308845

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate contributions to (during year)		
<b>3</b> Aggregate grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

**6** Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange programs

**e** ☐ Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ☐

**b** Permanent endowment ☐

**c** Temporarily restricted endowment ☐

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		94,731	5,928	88,803
<b>d</b> Equipment		133,485	16,311	117,174
<b>e</b> Other		7,628		7,628
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				213,605

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	675,763
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	89,944
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	89,944
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	585,819
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	585,819

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	717,752
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	66,591
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	66,591
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	651,161
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	651,161

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part III, Line 1a	The Foundation's collections, which were acquired through contributions since the Foundation's inception, are made up of artifacts of historical significance and art objects that are held for educational, research, and curatorial purposes. The Foundation does not recognize collections as assets on the statement of financial position. Each of the collection items is cataloged, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously.
Part X, Line 2	The Foundation follows the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Foundation may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Foundation and various positions related to the potential sources of unrelated business taxable income. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities. The Foundation is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and qualifies for charitable contribution deductions. The Foundation has been classified as an organization that is not a private foundation under Section 509(a) of the Internal Revenue Code. The Foundation is no longer subject to US federal income tax examinations for years ending through December 31, 2009. The Foundation is subject to Wisconsin income tax examinations for years ended 2010-2013.

[illegible]

## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

# 2013

**Open to Public Inspection**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
 ▶ Attach to Form 990  
 ▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
The Rebuild Foundation

Employer identification number
27-1308845

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Artists' Residency Fellowship	5		23,353	FMV	Payment of utilities and insurance cost of Artists' Residency program

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	The Organization supports selected artists through the Artists' Residency program with housing in connection with Rebuild Foundation. Artists are invited through an informal selection process to residencies in connection with the community art and cultural goals of The Rebuild Foundation. Records of the costs of utilities and insurance are maintained by the Organization.

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
The Rebuild Foundation

Employer identification number  
27-1308845

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Theaster Gates Studio LLC	Studio operated by Theaster Gates, Foundation Chairman	Renovation of Dorchester Buildings used for Black Cinema House		X	334,182	219,499		No	Yes		Yes	
Total						219,499						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
The Rebuild Foundation

**Employer identification number**

27-1308845

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Theaster Gates and Mercedes Zavala share a business relationship
Form 990, Part VI, Section B, line 11	The Board retains the services of an independent CPA firm to prepare or review the Organization's Form 990. Management reviews the completed Form 990 and provides a full copy to all voting members of the governing body prior to filing. A meeting or conference call is scheduled for the CPA firm and Organization management to discuss Form 990 with all voting members of the governing body and to answer any questions prior to filing Form 990 with the IRS.
Form 990, Part VI, Section B, line 12c	Officers, directors and board members are annually required to complete a conflict of interest disclosure statement as a precursor to their service to the Organization. Potential conflicts are logged with and monitored by the Secretary of the Board. Officers, directors and board members are expected to provide notice of any material change that develops during the year.
Form 990, Part VI, Section C, line 19	Governing documents and financial statements are available through applicable governmental agencies. The conflict of interest policy is available upon written request to the Organization pursuant to the period of disclosure provided by section 6104(d).

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2014**

Open to Public Inspection

**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014**

- B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
The Rebuild Foundation

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
6918 South Dorchester Avenue

City or town, state or province, country, and ZIP or foreign postal code  
Chicago, IL 60637

**D** Employer identification number  
27-1308845

**E** Telephone number  
(773) 551-7753

**G** Gross receipts \$ 768,297

**F** Name and address of principal officer  
Kenneth Stewart  
6918 South Dorchester Avenue  
Chicago, IL 60637

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: <http://rebuild-foundation.org>

**H(c)** Group exemption number

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation 2009

**M** State of legal domicile IL

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities To rebuild cultural foundations of underinvested neighborhoods and incite community revitalization		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	3
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	2
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	1
Revenue	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	18
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	350,102	761,384
Expenses	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,213	6,913
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-29,982
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	451,315	738,315
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,353	14,850
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	118,688	241,976
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>\$5,331</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	595,892	399,615
	<b>18</b> Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	737,933	656,441
Net Assets or Fund Balances	<b>19</b> Revenue less expenses—subtract line 18 from line 12	-286,618	81,874
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	542,441	482,458
	<b>22</b> Net assets or fund balances—subtract line 21 from line 20	206,609	64,752
		335,832	417,706

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \*\*\*\*\*  
Date: 2015-11-16

KENNETH STEWART Executive Director  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Hugh J Ahern CPA  
Preparer's signature: Hugh J Ahern CPA  
Date: 2015-11-16  
Check ☐ if self-employed  
PTIN: P00010788

Firm's name: DESMOND & AHERN LTD  
Firm's EIN: 36-3321958  
Firm's address: 10827 S WESTERN AVENUE  
CHICAGO, IL 606433206  
Phone no: (773) 779-4720

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐ ☒

**1** Briefly describe the organization's mission

Rebuild Foundation activates creative community resources to build vibrant neighborhoods. They act as a catalyst in local economies by integrating small business incubation, creative architectural rehabilitation, hands-on education, and artistic intervention.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 306,420 including grants of \$ ) (Revenue \$ )  
Community Program Initiatives - Established and conducted by community programming integrating art, culture and community, by providing programs within the arts and culture in the Grand Crossings neighborhood in Chicago, and Hyde Park neighborhood in St. Louis, MO. This initiative supports Rebuild Foundation's vision of economic, social, spatial and cultural equity in historically disinvested neighborhoods. Programming initiatives include programs in music, gardening, visual and creative arts, and films and writing among others.

**4b** (Code ) (Expenses \$ 94,283 including grants of \$ 14,850 ) (Revenue \$ 6,913 )  
Artist Residency - Established an artist program residency to work with under-served communities and residents in distressed community areas. Artists in Residence provide neighbors with access to high caliber arts education and programming in the neighborhood. Artists in Residence are provided space, engagement opportunities with local residents, and the opportunity to celebrate Black culture in all its manifestations through the use of space and venues.

**4c** (Code ) (Expenses \$ 70,712 including grants of \$ ) (Revenue \$ )  
Work Training Programs - Provide work training program in carpentry skills, model building, and woodworking apprenticeship program. Provide a landscaping training program with an onsite public garden, and a custodian services training program.

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 471,415

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b> Yes	
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	Yes	
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	17	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
<b>c</b>	Enter the amount of reserves on hand.	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
6	Did the organization have members or stockholders? . . . . .		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		No
b		
11a	Yes	
b		
12a	Yes	
b	Yes	
c	Yes	
13		No
14	Yes	
15		
a		No
b		No
16a		No
b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records  
Kenneth Stewart

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Theaster Gates Jr ..... Chairman	1.00 .....	X		X				0	0	0
(2) Mercedes Zavala ..... Secretary	1.00 .....	X		X				0	0	0
(3) Lisa Lee PhD ..... Director	1.00 .....	X						0	0	0
(4) Jeffreen Hayes ..... Executive Director	40.00 .....			X				60,766	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	60,766	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Check if Schedule O contains a response or note to any line in this Part VIII ☐

Form 990 (2014)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	14,850	14,850		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	60,766	22,638	32,318	5,810
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	172,706	172,706		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	1,703	1,638	65	
<b>10</b> Payroll taxes . . . . .	6,801	5,692	934	175
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	68,364		68,364	
<b>c</b> Accounting . . . . .	47,211		47,211	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	83,922	77,378	6,544	
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	24,023	13,132	10,728	163
<b>14</b> Information technology . . . . .	1,343	1,205	138	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	24,660	22,085	2,490	85
<b>17</b> Travel . . . . .	36,867	34,792	2,053	22
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	6,893	3,760	3,057	76
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	50,305	48,521	1,784	
<b>23</b> Insurance . . . . .	2,792		2,792	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b> Program materials	47,460	47,460		
<b>b</b> Miscellaneous	5,558	5,558		
<b>c</b> Website	217		217	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	656,441	471,415	178,695	6,331
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		285,328	1	268,886
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		48,500	3	42,749
	4	Accounts receivable, net			4	4,283
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		43,921	5	43,921
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		980	9	2,808
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a128,120			
	b	Less: accumulated depreciation	10b21,097	163,712	10c	107,023
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11.			12	
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		0	15	12,788
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		542,441	16	482,458
Liabilities	17	Accounts payable and accrued expenses		4,408	17	27,712
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		202,201	25	37,040
	26	<b>Total liabilities.</b> Add lines 17 through 25.		206,609	26	64,752
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		261,706	27	343,580
	28	Temporarily restricted net assets		74,126	28	74,126
	29	Permanently restricted net assets			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	<b>Total net assets or fund balances</b>		335,832	33	417,706
	34	<b>Total liabilities and net assets/fund balances</b>		542,441	34	482,458

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	738,315
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	656,441
<b>3</b> Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	81,874
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	<b>4</b>	335,832
<b>5</b> Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b> Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b> Investment expenses . . . . .	<b>7</b>	
<b>8</b> Prior period adjustments . . . . .	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b> Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	417,706

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public Inspection**

<b>Name of the organization</b> The Rebuild Foundation	<b>Employer identification number</b> 27-1308845
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s):

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,000	413,298	794,301	350,102	761,384	2,331,085
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	12,000	413,298	794,301	350,102	761,384	2,331,085
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						619,225
<b>6 Public support.</b> Subtract line 5 from line 4						1,711,860

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4	12,000	413,298	794,301	350,102	761,384	2,331,085
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						2,331,085
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	108,126
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2013 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <span style="float:right">▶ <input type="checkbox"/></span>		
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <span style="float:right">▶ <input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <span style="float:right">▶ <input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <span style="float:right">▶ <input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <span style="float:right">▶ <input type="checkbox"/></span>		

**Part III**

**Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	

Section D. Computation of Investment Income Percentage		
<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Part IV Supporting Organizations** (continued)

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> <u>Activities Test</u> Answer (a) and (b) below.	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> <u>Parent of Supported Organizations</u> Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2014****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.****Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).****Name of the organization**  
The Rebuild Foundation**Employer identification number**

27-1308845

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2d
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange programs

**e** ☐ Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶

**b** Permanent endowment ▶

**c** Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		19,330	3,242	16,088
<b>d</b> Equipment		21,500	11,979	9,521
<b>e</b> Other		87,290	5,876	81,414
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				107,023

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Accrued wages	37,040
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	37,040

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part III, line 1a	The Foundation's collections, which were acquired through contributions since the Foundation's inception, are made up of artifacts of historical significance and art objects that are held for educational, research, and curatorial purposes. The Foundation does not recognize collections as assets on the statement of financial position. Each of the collection items is catalogued, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously.

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The Rebuild Foundation

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
27-1308845

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .
- 3 Enter total number of other organizations listed in the line 1 table .

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Artists' Residency Fellowship	26	14,850		FMV	Payment of utilities and insurance cost of Artists' Residency Program

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	The Organization supports selected artists through the Artists' Residency program with housing. Artists are invited through an informal selection process to residencies in connection with the community art and cultural goals of the Rebuild Foundation. Records of the costs of utilities and insurance are maintained by the Organization.

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
The Rebuild Foundation

Employer identification number  
27-1308845

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Theaster Gates Studio LLC	Studio operated by Theaster Gates, Foundation Chairman	Renovation of Dorchester Buildings used for Black Cinema House		X	334,182	43,921		No	Yes		Yes	

Total ▶ \$

43,921

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public  
Inspection**

Name of the organization  
The Rebuild Foundation

**Employer identification number**

27-1308845

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Theaster Gates and Mercedes Zavala, who are both Board officers, share a business relationship
Form 990, Part VI, Section B, line 11	Management reviewed the Form 990 prepared by an independent CPA firm, and provided a full copy to all voting members of the governing body prior to filing
Form 990, Part VI, Section B, line 12c	Officers, Directors and Board Members are required annually to complete a conflict of interest disclosure statement as a precursor to their service to the Organization. Potential conflicts are logged with and monitored by the Secretary of the Board. Officers, Directors and Board Members are expected to provide notice of any material change that develops during the year.
Form 990, Part VI, Section C, line 19	Financial statements are available on the Illinois Attorney General's website. Governing documents are available through the Illinois Secretary of State. The Conflict of Interest policy is available upon request.
Form 990, Part IX, line 11g	Consulting Program service expenses 77,378 Management and general expenses 6,544 Fundraising expenses 0 Total expenses 83,922

Extended to November 15, 2016

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public  
Inspection**A For the 2015 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>The Rebuild Foundation</b>		<b>D</b> Employer identification number <b>27-1308845</b>
	Doing business as		<b>E</b> Telephone number <b>312-857-5561</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>6760 S. Stony Island Avenue</b>		<b>G</b> Gross receipts \$ <b>4,257,668.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Chicago, IL 60649</b>		
<b>F</b> Name and address of principal officer: <b>Theaster Gates Jr. same as C above</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>http://rebuild-foundation.org</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2009</b>	<b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To rebuild cultural foundations of underinvested neighborhoods and incite community revitalization</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>4</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>2</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>23</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 761,384.	<b>Current Year</b> 3,886,817.
	<b>9</b> Program service revenue (Part VIII, line 2g)	6,913.	231,451.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-29,982.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	316.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	738,315.	4,118,584.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,850.	0.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	241,976.	445,499.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>143,645.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	399,615.	909,125.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	656,441.	1,354,624.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	81,874.	2,763,960.
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 482,458.	<b>End of Year</b> 3,631,084.
	<b>21</b> Total liabilities (Part X, line 26)	64,752.	448,772.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	417,706.	3,182,312.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	<b>Amy Schachman, Executive Director</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Paul Betlinski</b>	Preparer's signature	Date <b>11/15/16</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01960501</b>
	Firm's name ▶ <b>Desmond &amp; Ahern, Ltd</b>	Firm's EIN ▶ <b>36-3321958</b>	Phone no. (773) 779-4720	
	Firm's address ▶ <b>10827 S. Western Avenue Chicago, IL 60643</b>			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Rebuild Foundation activates creative community resources to build vibrant neighborhoods. They act as a catalyst in local economies by integrating small business incubation, creative architectural rehabilitation, hands-on education, and artistic intervention.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 1,015,527. including grants of \$ ) (Revenue \$ 231,451.)

Provided Community Program Initiatives include programs in music, gardening, visual and creative arts, and films and writing among others. Established an artist program residency to work with under-served communities and residents in distressed community areas. Artists in Residence provide neighbors with access to high caliber arts education and programming in the neighborhood. Artists in Residence are provided space, engagement opportunities with local residents, and the opportunity to celebrate Black culture in all its manifestations through the use of space and venues. Provided work training program in carpentry skills, model building, and woodworking apprenticeship program and a landscaping training program with an onsite public garden, and a custodian services training program.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **1,015,527.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b> X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule OForm **990** (2015)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 31		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 23		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

Form 990 (2015)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 4		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 2		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>		X
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>		X
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **IL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Amy Schachman - 312-857-5561**  
**6760 S. Stony Island Avenue, Chicago, IL 60649**

Check if Schedule O contains a response or note to any line in this Part VII

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

150221 1

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
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		Yes	No
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	950,000.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,936,817.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		417,219.				
	<b>h Total.</b> Add lines 1a-1f .....		3,886,817.				
<b>Program Service Revenue</b>	<b>2 a</b> <b>Program</b> .....	<b>Business Code</b>	900099	231,451.	231,451.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		231,451.				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses .....							
<b>c</b> Rental income or (loss) .....							
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....							
<b>c</b> Gain or (loss) .....							
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 950,000. of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>	139,400.				
<b>b</b> Less: direct expenses .....		<b>b</b>	139,084.				
<b>c</b> Net income or (loss) from fundraising events .....			316.			316.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>					
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions. ....			4,118,584.	231,451.	0.	316.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	14,324.	7,162.	7,162.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	354,238.	341,122.	2,261.	10,855.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	36,229.	30,442.	5,326.	461.
<b>10</b> Payroll taxes	40,708.	39,240.	213.	1,255.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	8,108.	500.	7,608.	
<b>c</b> Accounting	82,198.		82,198.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	197,297.	127,430.	7,457.	62,410.
<b>12</b> Advertising and promotion	26,725.	1,725.	15,000.	10,000.
<b>13</b> Office expenses	112,010.	71,094.	26,652.	14,264.
<b>14</b> Information technology	367.	141.	226.	
<b>15</b> Royalties				
<b>16</b> Occupancy	102,552.	80,261.	9,279.	13,012.
<b>17</b> Travel	29,650.	19,315.	3,429.	6,906.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,850.	2,355.	1,390.	1,105.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	31,702.	23,755.	1,784.	6,163.
<b>23</b> Insurance	8,996.	240.	8,756.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Program materials	138,197.	120,930.	53.	17,214.
<b>b</b> In-kind artwork	77,580.	77,580.		
<b>c</b> In-kind repairs	38,249.	38,249.		
<b>d</b> Improvements	34,376.	33,976.	400.	
<b>e</b> All other expenses	16,268.	10.	16,258.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,354,624.	1,015,527.	195,452.	143,645.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	268,886.	<b>1</b>	2,282,879.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	42,749.	<b>3</b>	677,411.
	<b>4</b> Accounts receivable, net .....	4,283.	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	43,921.	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	1,469.
	<b>9</b> Prepaid expenses and deferred charges .....	2,808.	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 711,191.		
	<b>b</b> Less: accumulated depreciation .....	10b 52,154.		
		107,023.	<b>10c</b>	659,037.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	12,788.	<b>15</b>	10,288.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	482,458.	<b>16</b>	3,631,084.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	27,712.	<b>17</b>	92,325.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	37,040.	<b>25</b>	356,447.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	64,752.	<b>26</b>	448,772.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	343,580.	<b>27</b>	3,004,612.
	<b>28</b> Temporarily restricted net assets .....	74,126.	<b>28</b>	177,700.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	417,706.	<b>33</b>	3,182,312.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	482,458.	<b>34</b>	3,631,084.

Form 990 (2015)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,118,584.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,354,624.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,763,960.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	417,706.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	646.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,182,312.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

The Rebuild Foundation

Employer identification number

27-1308845

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for  
Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	413,298.	794,301.	350,102.	761,384.	2936817.	5255902.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	413,298.	794,301.	350,102.	761,384.	2936817.	5255902.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1904111.
<b>6 Public support.</b> Subtract line 5 from line 4.						3351791.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	413,298.	794,301.	350,102.	761,384.	2936817.	5255902.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						5255902.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,428,977.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	63.77 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2015

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

**Part V** **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2015 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b> <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization**

The Rebuild Foundation

**Employer identification number**

27-1308845

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %  
**b** Permanent endowment  %  
**c** Temporarily restricted endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		54,180.		54,180.
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		250,972.	14,553.	236,419.
<b>d</b> Equipment		21,500.	15,050.	6,450.
<b>e</b> Other		384,539.	22,551.	361,988.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				659,037.

Schedule D (Form 990) 2015

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>Accrued wages</b>	<b>29,047.</b>	
(3) <b>Funds held for Others</b>	<b>327,400.</b>	
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>356,447.</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2015

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part III, line 1a:

The Foundation's collections, which were acquired through contributions since the Foundation's inception, are made up of artifacts of historical significance and art objects that are held for educational, research, and curatorial purposes. The Foundation does not recognize collections as assets on the statement of financial position. Each of the collection items is catalogued, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously.

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

▶ **Attach to Form 990 or Form 990-EZ.**

**► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

# 2015

### Open to Public Inspection

Name of the organization

# The Rebuild Foundation

Employer identification number

27-1308845

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Fall Gala (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts .....	1,089,400.			1,089,400.
	2 Less: Contributions .....	950,000.			950,000.
	3 Gross income (line 1 minus line 2) .....	139,400.			139,400.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	51,560.			51,560.
	7 Food and beverages .....	87,524.			87,524.
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				139,084.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				316.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
Direct Expenses	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_


a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_


10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

Name 

Address 

Name 

Address 

Description of services provided ► \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

The Rebuild Foundation

Employer identification number

27-1308845

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>Fixed assets</u> )	X	1	85,428.	
26 Other ▶ ( <u>Artwork</u> )	X	1	77,580.	
27 Other ▶ ( <u>repairs &amp; mai</u> )	X	1	38,249.	
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

### Supplemental Information.

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

The Rebuild Foundation

Employer identification number  
27-1308845

Form 990, Part VI, Section A, line 2:

Theaster Gates and Mercedes Zavala, who are both Board officers, share a  
business relationship.

Form 990, Part VI, Section B, line 11:

Management reviewed the Form 990 prepared by an independent CPA firm, and  
provided a full copy to all voting members of the governing body prior to  
filing.

Form 990, Part VI, Section B, Line 12c:

Officers, Directors and Board Members are required annually to complete a  
conflict of interest disclosure statement as a precursor to their service  
to the Organization. Potential conflicts are logged with and monitored by  
the Secretary of the Board. Officers, Directors and Board Members are  
expected to provide notice of any material change that develops during the  
year.

Form 990, Part VI, Section C, Line 19:

Financial statements are available on the Illinois Attorney General's  
website. Governing documents are available through the Illinois Secretary  
of State. The Conflict of Interest policy is available upon request.

Form 990, Part IX, Line 11g, Other Fees:

Consulting:

Program service expenses 127,430.

Management and general expenses 7,457.

The Rebuild Foundation

27-1308845

Total Other Fees on Form 990, Part IX, line 11g, Col A 197,297.

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**From:** [Guerrero, Maria](#)  
**To:** ["Thomas, James D. \(Chicago\)"](#)  
**Cc:** [Herring, Sean C. \(Chicago\)](#)  
**Subject:** RE: Rebuild Foundation 13-CA-193618 (Form 990)  
**Date:** Monday, March 27, 2017 12:09:00 PM  
**Attachments:** [image001.gif](#)

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Jim,

I have spoken with my supervisor and she asked that I provide you with and ask you for a response on the following:

1. In about September 2016 / October 2016, (b) (6), (b) (7)(C) spoke up at an all-staff meeting and raised (b) (6) concerns regarding lay-offs that had recently occurred. This was done in front of (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) who was leading the meeting.
2. Since about October 2016, (b) (6), (b) (7)(C) claims (b) (6) raised concerns individually with (b) (6), (b) (7)(C), complaining about the work assignments and how the workers felt that they were doing work that was outside of their job descriptions. (b) (6), (b) (7)(C) claims that (b) (6) routinely asked about hiring more staff.
3. In about December 2017, (b) (6), (b) (7)(C), told employees that they should not "pool" and "talk so much" at work.

Overall, (b) (6), (b) (7)(C) claims that beginning the Fall of 2016 (b) (6) was routinely engaging in PCA by being outspoken about issues that concerned (b) (6), (b) (7)(C) and (b) (6) co-workers. Does your client recall any of the above incidents? Please provide a response to the above incidents.

Also, with respect to the investigation conducted regarding the (b) (6), (b) (7)(C) incident, we have been provided with no documents or video regarding the incident or the Employer's investigation on the incident. I would like to re-iterate my request. Please provide me with any documents showing or recording what happened on (b) (6), (b) (7)(C). In addition, please provide me with any documents related to the investigation of the incident of (b) (6), (b) (7)(C). I know that you indicated that the request was overly broad – however, it directly goes to your clients defense and I believe it is necessary for the complete investigation of the charge.

Please provide any response / additional information by **Friday, March 31, 2017**.

Thanks,

Maria

---

**From:** Thomas, James D. (Chicago) [mailto:James.Thomas@jacksonlewis.com]  
**Sent:** Monday, March 27, 2017 10:55 AM  
**To:** Guerrero, Maria <Maria.Guerrero@nlrb.gov>  
**Cc:** Herring, Sean C. (Chicago) <Sean.Herring@jacksonlewis.com>  
**Subject:** RE: Rebuild Foundation 13-CA-193618 (Form 990)

Maria:

I spoke to Rebuild, and they do maintain the income sheet throughout the year.

Jim

**James D. Thomas**

Attorney at Law

**Jackson Lewis P.C.**

150 North Michigan Avenue

Suite 2500

Chicago, IL 60601

Direct: (312) 803-2552 | Main: (312) 787-4949

[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com) | [www.jacksonlewis.com](http://www.jacksonlewis.com)

***Jackson Lewis P.C. is included in the 2016 rankings of the AmLaw 100 and Global 100 law firms.***

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**From:** Guerrero, Maria [<mailto:Maria.Guerrero@nlrb.gov>]

**Sent:** Monday, March 27, 2017 8:39 AM

**To:** Thomas, James D. (Chicago) <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>

**Cc:** Herring, Sean C. (Chicago) <[Sean.Herring@jacksonlewis.com](mailto:Sean.Herring@jacksonlewis.com)>

**Subject:** RE: Rebuild Foundation 13-CA-193618 (Form 990)

Jim,

Thank you. Is the 2016, Income sheet something that Rebuild keeps regularly updated throughout the year?

Maria

---

**From:** Thomas, James D. (Chicago) [<mailto:James.Thomas@jacksonlewis.com>]

**Sent:** Sunday, March 26, 2017 3:28 PM

**To:** Guerrero, Maria <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)>

**Cc:** Herring, Sean C. (Chicago) <[Sean.Herring@jacksonlewis.com](mailto:Sean.Herring@jacksonlewis.com)>

**Subject:** RE: Rebuild Foundation 13-CA-193618 (Form 990)

Maria:

I apologize for the delay in getting this information to you. As I mentioned to you on the phone, Rebuild will not have its 2016 Form 990 complete for some time. In lieu of the Form 990 for 2016, attached is a document showing Rebuild Foundation's revenue for 2016. Rebuild had less than \$1,000,000 in revenue during 2016. I also have attached Rebuild Foundation's Form 990s going back to 2011 (which also includes the 2010 information). As you will see, Rebuild had less than \$1,000,000 in revenue in ever year except one.

Please let me know if you have any questions or would like to discuss further.

Jim

**James D. Thomas**

Attorney at Law

**Jackson Lewis P.C.**

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Chicago, IL 60601

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**From:** Guerrero, Maria [<mailto:Maria.Guerrero@nlrb.gov>]

**Sent:** Monday, March 20, 2017 10:10 AM

**To:** Thomas, James D. (Chicago) <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>

**Subject:** RE: Rebuild Foundation 13-CA-193618 (Form 990)

Jim,

Thank you. It would be really helpful to receive the 990s or any other document showing finances / revenue, as soon as possible. If we can clearly establish that we do or do not have jurisdiction we can move forward accordingly.

That being said, I was notified this morning that (b) (6), (b) (7)(C) filed another charge. See attached. If we establish that we do not have jurisdiction before I need to send my request for evidence – *then* I will not send the request letter.

Please let me know if you have any questions, I look forward to receiving the 990s and or any other financial document and hope they will clarify the jurisdiction question.

Regards,

**Maria G. Guerrero, Field Examiner**

National Labor Relations Board | Region 13

219 South Dearborn Street, Suite 808

Chicago, Illinois 60604

Main: 312.353.7570

Direct: 312.353.0329

Fax: 312.886.1341

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**From:** Thomas, James D. (Chicago) [<mailto:James.Thomas@jacksonlewis.com>]  
**Sent:** Thursday, March 16, 2017 10:38 AM  
**To:** Guerrero, Maria <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)>  
**Subject:** RE: Rebuild Foundation 13-CA-193618 (Form 990)

Maria:

I am working with my client to obtain the Form 990s. I will let you know as soon as I have them.

Jim

**James D. Thomas**

Attorney at Law

**Jackson Lewis P.C.**

150 North Michigan Avenue

Suite 2500

Chicago, IL 60601

Direct: (312) 803-2552 | Main: (312) 787-4949

[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com) | [www.jacksonlewis.com](http://www.jacksonlewis.com)

***Jackson Lewis P.C. is included in the 2016 rankings of the AmLaw 100 and Global 100 law firms.***

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**From:** Guerrero, Maria [<mailto:Maria.Guerrero@nlrb.gov>]  
**Sent:** Tuesday, March 14, 2017 2:08 PM  
**To:** Thomas, James D. (Chicago) <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>  
**Subject:** Rebuild Foundation 13-CA-193618 (Form 990)

Jim,

Following up on our earlier conversation, please submit the IRS Form 990 for Rebuild for the years 2015 and 2016 with your statement of position – these documents should help in establishing whether or not the NLRB has jurisdiction. If you can please submit those tomorrow with your statement of position. If you can't get these documents by tomorrow, the end of the week will be fine.

Regards,

**Maria G. Guerrero, Field Examiner**  
National Labor Relations Board | Region 13  
219 South Dearborn Street, Suite 808  
Chicago, Illinois 60604

Main: 312.353.7570

Direct: 312.353.0329

Fax: 312.886.1341

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**From:** [Guerrero, Maria](#)  
**To:** (b) (6), (b) (7)(C)  
**Subject:** RE: Rebuild Foundation: 13-CA-193618 & 13-CA-195032  
**Date:** Monday, April 3, 2017 12:46:00 PM  
**Attachments:** [image001.gif](#)

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(b) (6), (b) (7)(C)

We will issue a dismissal letter. If you wish to appeal please follow the guidelines in the dismissal letter you will receive.

Regards,

Maria

**From:** (b) (6), (b) (7)(C) [mailto:(b) (6), (b) (7)(C)]  
**Sent:** Monday, April 03, 2017 12:37 PM  
**To:** Guerrero, Maria <Maria.Guerrero@nlrb.gov>  
**Subject:** Re: Rebuild Foundation: 13-CA-193618 & 13-CA-195032

Maria,

I would like to continue with my charge against the Rebuild Foundation through the appeals process.

As I understand, the most recent 990 provided by the Rebuild Foundation states its annual revenue falls below the NLRB \$1,000,000 jurisdictional mark. However I've researched and compiled a list of funding/grants awarded to The Rebuild Foundation which far exceeds and contests the amount of revenue stated in their tax information.

[Knight Foundation](#)  
[The JPB Foundation](#)  
[Kresge Foundation](#)  
[The Rockefeller Foundation](#)  
[Surdna Foundation](#)  
[ArtPlace](#)

Arts & Public Life at the University of Chicago  
The National Endowment for the Arts  
The French Embassy in the U.S  
Bloomberg Philanthropies

As such, I'd like this information to be taken in consideration when deciding upon the NLRB's jurisdiction over the Rebuild Foundation.

It would be a great disservice to the NLRA if my employers' infringement upon my protected right to engage in concerted activity is not investigated by the federal institutions established to protect vulnerable workers. Please let me know if you require any additional materials from me to continue this appeal. Thank you.

(b) (6), (b) (7)(C)

On Fri, Mar 31, 2017 at 8:16 AM, Guerrero, Maria <[Maria.Guerrero@nlrb.gov](mailto:Maria.Guerrero@nlrb.gov)> wrote:



(b) (6), (b) (7)(C)

As discussed, please let me know your decision on the above cases by Monday, April 3, 2017. Absent hearing from you the Region will issue a dismissal letter so that you may retain your right to appeal.

Regards,

**Maria G. Guerrero, Field Examiner**  
National Labor Relations Board | Region 13  
219 South Dearborn Street, Suite 808  
Chicago, Illinois 60604

--

(b) (6), (b) (7)(C)

**From:** [Thomas, James D. \(Chicago\)](#)  
**To:** [Guerrero, Maria](#)  
**Cc:** [Herring, Sean C. \(Chicago\)](#)  
**Subject:** Rebuild Foundation: 13-CA-193618 & 13-CA-195032  
**Date:** Thursday, April 6, 2017 5:58:33 PM  
**Attachments:** [Place Lab - Grant Agreement with Budget .pdf](#)  
[JPB and Space Fund Grant Agreement - Fully Executed.pdf](#)  
[Civic Commons Rockefeller Grant - Fully executed.pdf](#)  
[Kresge grant award letter.pdf](#)  
[Surdna.pdf](#)  
[2015 Aim Grantee - Signed \(1\).pdf](#)

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Maria:

I have reviewed the content of your email with Rebuild Foundation. Like virtually all of (b) (6), (b) (7)(C) statements, (b) (6) claims about funding to Rebuild are misguided at best. As set forth in the Form 990s (which Rebuild is required to submit to the federal government) and the revenue statement for 2016 that I previously provided to you, Rebuild Foundation has had less than \$1 million in annual revenues during every year except 2015. Rebuild Foundation also is on track to have less than \$1 million in revenue during 2017. Indeed, through the first quarter of 2017, Rebuild only had approximately \$140,000 in revenue. Rebuild Foundation responds to (b) (6), (b) (7)(C) list as follows:

**The Knight Foundation:** This was a grant of \$3.5 million that went to University of Chicago, and a small part was subawarded to the Rebuild Foundation (\$200K). The \$200K of revenue is reflected in the documents previously provided to you. Additionally, I am attaching the grant documents evidencing that the University of Chicago is the primary recipient of the grant.

**JPB, Rockefeller, Kresge and Knight:** The \$5 million in funding referenced in these links was given to an organization called the Space Fund NFP. The Space Fund NFP is a separate legal entity from Rebuild Foundation, and none of the grant money referenced in these articles has gone to Rebuild. I have attached documents showing that the money was given to Space Fund NFP, not Rebuild Foundation.

**Kresge:** This organization gave Rebuild Foundation \$200K over the span of 2 years. All of this money is reflected in the revenue documents previously provided. Documents concerning this grant are attached.

**Surdna:** This organization gave Rebuild Foundation \$225k over the span of 3 years (2015, 2016, 2017). The 2015 and 2016 grants are reflected in the revenue documents previously provided. Rebuild Foundation has not yet received the 2017 grant. Documents concerning this grant are attached.

**Artplace:** This organization gave Rebuild Foundation \$250k in 2013. This grant is reflected in the revenue documents previously provided.

**Arts & Public Life at the University of Chicago:** There is no article or information linked to this entry. This organization has provided occasional financial support to Rebuild Foundation, mostly in the \$5-\$10k range. Any funds provided by this organization are reflected in the revenue documents previously provided.

**The National Endowment for the Arts:** There is no article or information linked to this entry. This organization has not provided any funds to Rebuild Foundation in recent years.

**The French Embassy in the U.S:** There is no article or information linked to this entry. This organization provided a small grant to Rebuild Foundation for a residency program that has an annual budget of 30k. Any funds provided by this organization are reflected in the revenue documents previously provided.

**Bloomberg Philanthropies:** There is no article or information linked to this entry. This organization provided a grant of \$25k per year for a 2 year period. Any funds provided by this organization are reflected in the revenue documents previously provided. Documents concerning this grant are attached.

As you can see, many of the large grants to which (b) (6), (b) (7)(C) has directed you were not given to the Rebuild Foundation. In those situations in which Rebuild Foundation received some or all of a grant, it properly reported that revenue on its Form 990s and in the 2016 revenue document previously provided to you. I trust that this information will be sufficient to determine conclusively that Rebuild Foundation does not meet the Board's jurisdictional standards and that (b) (6), (b) (7)(C) charges must be dismissed. Nonetheless, please do not hesitate to contact me if additional information or clarification is necessary.

Jim

**James D. Thomas**

Attorney at Law

**Jackson Lewis P.C.**

150 North Michigan Avenue

Suite 2500

Chicago, IL 60601

Direct: (312) 803-2552 | Main: (312) 787-4949

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***Jackson Lewis P.C. is included in the 2016 rankings of the AmLaw 100 and Global 100 law firms.***

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**From:** Guerrero, Maria [<mailto:Maria.Guerrero@nlrb.gov>]

**Sent:** Monday, April 03, 2017 2:44 PM

**To:** Thomas, James D. (Chicago) <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>

**Cc:** Herring, Sean C. (Chicago) <[Sean.Herring@jacksonlewis.com](mailto:Sean.Herring@jacksonlewis.com)>

**Subject:** RE: Rebuild Foundation: 13-CA-193618 & 13-CA-195032

Jim,

The Region would like a response no later than noon on 4/7/17.

Thanks,

Maria

---

**From:** Guerrero, Maria

**Sent:** Monday, April 03, 2017 1:10 PM

**To:** 'Thomas, James D. (Chicago)' <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>

**Cc:** Herring, Sean C. (Chicago) <[Sean.Herring@jacksonlewis.com](mailto:Sean.Herring@jacksonlewis.com)>

**Subject:** FW: Rebuild Foundation: 13-CA-193618 & 13-CA-195032

Jim,

Following up on our conversation, the Charging Party asserts that the listings below are from organizations that provided funding / grants to Rebuild Foundation and that the amount of revenue generated from these entities would be sufficient to establish that Rebuild meets the Board's revenue standard. As discussed, the first one, Knight Foundation, really gave me pause because of the amount and it indicating that it was effective through 3/31/2017. For all of the organizations listed below, could you please provide me with a response on what grants / revenue was received from the entities below, including the amount, the year it was received or applicable towards, and of course any documentary evidence that would back up the clients response. Please note, only the first six are links.

[Knight Foundation](#)

[The JPB Foundation](#)

[Kresge Foundation](#)

[The Rockefeller Foundation](#)

[Surdna Foundation](#)

[ArtPlace](#)

Arts & Public Life at the University of Chicago

The National Endowment for the Arts

The French Embassy in the U.S

Bloomberg Philanthropies

Regards,

**Maria G. Guerrero, Field Examiner**

National Labor Relations Board | Region 13

219 South Dearborn Street, Suite 808

Chicago, Illinois 60604

Main: 312.353.7570

Direct: 312.353.0329

Fax: 312.886.1341

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ALBERTO IBARGÜEN  
President

April 10, 2014

(b) (6), (b) (7)(C)

University of Chicago  
Office of the President  
5801 S. Ellis Avenue, Suite 501  
Chicago, IL 60637

Dear (b) (6), (b) (7)(C):

The Trustees of the John S. and James L. Knight Foundation have approved a \$3,512,500 grant to University of Chicago.

The grant is to be used as follows: To support the partnership of University of Chicago and Rebuild Foundation to create a national platform for propagating a groundbreaking model that uses imagination and culture-driven community engagement to transform and revitalize disinvested communities in Knight communities and other cities.

The terms and conditions of this grant are contained in the attached grant agreement. Grant payment according to the terms outlined will be released within 60 days of Knight Foundation receiving the signed agreement. A self-addressed envelope to return the signed agreement is enclosed for your convenience.

The Relationship Manager for this grant, (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)@knightfoundation.org), is your primary point of contact and will answer any questions you may have. All reports should be uploaded to our Fluxx Grantee Portal at <https://knight.fluxx.io>.

Before you take steps to publicize this grant, please review our communications (b) (6), (b) (7)(C) resources and guidelines at [www.knightcommunications.org](http://www.knightcommunications.org). (b) (6), (b) (7)(C)

Thank you.

Since (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Enclosures

C: (b) (6), (b) (7)(C)

Rebuild Foundation

200 South Biscayne Boulevard, Suite 3300, Miami, Florida 33131-2349  
(305) 908-2601 • [ibarguen@knightfoundation.org](mailto:ibarguen@knightfoundation.org) • @ibarguen

Miami .

September 9, 2016

(b) (6), (b) (7)(C)

Space Fund NFP  
6918 S. Dorchester Avenue  
Chicago, IL 60637

Dear (b) (6), (b) (7)(C):

The JPB Foundation has recommended a \$2,000,000.00 grant to you from the JPB Foundation Fund at The Miami Foundation. Congratulations.

The grant is to be used for the Reimagining the Civic Commons project.

The terms and conditions of this grant are contained in the attached grant agreement. The Miami Foundation has agreed to serve as fiscal sponsor for this grant. You must return this signed agreement within 30 days from the date of this letter.

Thank you.

Sincerely,

(b) (6), (b) (7)(C)

Enclosures

cc:

(b) (6), (b) (7)(C)



Miami .

40 NW 3rd Street  
Suite 305  
Miami, FL 33128-1838  
305.371.2711

September 23, 2016

(b) (6), (b) (7)(C)  
Space Fund NFP  
6918 S. Dorchester Avenue  
Chicago, IL 60637

Dear (b) (6), (b) (7)(C):

The Rockefeller Foundation has recommended a \$2,000,000 grant to you from the Reimagining the Civic Commons Fund at The Miami Foundation. Congratulations.

The grant is to be used towards the costs of the Reimagining the Civic Commons initiative, an effort to demonstrate how a connected set of civic assets can yield increased and shared prosperity for cities in the United States.

The terms and conditions of this grant are contained in the attached grant agreement. The Miami Foundation has agreed to serve as fiscal sponsor for this grant and therefore will monitor your progress on implementing the grant. You must return this signed agreement within 30 days from the date of this letter.

Thank you.

Sincerely,

(b) (6), (b) (7)(C)

[Redacted signature block]

Enclosures

C: (b) (6), (b) (7)(C)



THE  
KRESGE  
FOUNDATION

October 24, 2014

(b) (6), (b) (7)(C)

ReBuild Foundation  
6916 S. Dorchester Avenue  
Chicago, IL 60637

Dear (b) (6), (b) (7)(C):

Congratulations! I am pleased to inform you that The Kresge Foundation has approved a grant of \$200,000 to The ReBuild Foundation for the ReBuild Foundation Activities project for the period November 1, 2014 through December 31, 2016. Your grant has been assigned request number 250180. Our staff looks forward to continuing our communication with you as you are engaged in this important work.

(b) (6), (b) (7)(C) is the Program Department staff member assigned to your grant and will serve as your primary contact at the Foundation. In addition, staff of our Grants Management Department will be pleased to assist you should questions arise concerning your Kresge grant. Submit required grant reports (described in the "Reporting" section) to [grantsmanagement@kresge.org](mailto:grantsmanagement@kresge.org). Please use the request number mentioned above when you send correspondence about this grant to the Foundation.

Grant Payments and Conditions

Upon our receipt of your signed acceptance of this Grant Agreement, we will pay your grant as follows:

- \$100,000 within 30 days of receipt; and
- \$100,000 on January 29, 2016.

We will make payments on the grant upon our receipt and approval of any required reports, provided your organization has maintained its U.S. Internal Revenue Status (IRS) tax status as a public charity or governmental agency.

We reserve the right to cancel, modify, or withhold any payments that might otherwise be due under the grant, to require a refund of any unexpended funds, or both, if in our judgment any of the following occur:

- Grant funds have been used for purposes other than those specified by this Agreement;
- Such action is necessary to comply with the requirements of any law or regulation affecting your organization's or our responsibilities under this grant or to avoid the imposition of penalties or excise taxes; or
- Your organization's performance under this grant has not been satisfactory.

## Reporting

Our staff looks forward to learning about the progress of your work under this grant. Please remember that for accounting and financial reporting purposes, this grant is restricted to the period November 1, 2014 through December 31, 2016.

We require the following grant report(s) to be submitted:

- For the period ending November 30, 2015, a report is due December 31, 2015; and
- For the period ending December 31, 2016, a report is due January 31, 2017.

The reports must include both a narrative update and a financial report (as described below), which must be submitted together.

- Please provide a narrative report summarizing your progress toward achieving the goals of the project, including progress against the following objectives:
  - Full completion of the three projects – Dorchester Artists Housing and Stony Island Arts Bank;
  - Continue arts and cultural programming, and
  - Hire appropriate personnel to ensure ongoing programs and services by April 2015.
- Please provide a financial report describing expenditures against the approved budget of \$400,000 submitted on September 3, 2014 (which may be greater than the amount of the Kresge grant). Your financial report must display the approved project budget, expenditures against each line item since the start of the grant, and balances remaining (or overruns) for each line item. If the approved budget covers multiple years, each submitted financial report should include cumulative expenditures since the beginning of the grant period. For the final report, we ask that you explain all overrun variances that exceed either \$1,000 or ten percent of the budgeted line item amount.

## Grant Accounting Requirement

You are required to maintain financial records and supporting documentation for expenditures and receipts related to this grant for five years after the grant end date. You also are required to permit us to have reasonable access to your files, records, and personnel during the term of this grant and for five years thereafter.

## Use of Grant and IRS Requirements

Under United States law, Kresge Foundation grant funds may be expended only for charitable, scientific, literary, religious, or educational purposes within the meaning of the Internal Revenue Code of 1986, as amended ("IRS Code"). This grant is to be expended solely in support of the objectives detailed in your proposal submitted on September 3, 2014, as amended or amplified during the review process. Foundation grant funds may not be used to carry on propaganda or any voter registration drive, or otherwise attempt to influence any legislation or election, within the meaning of the IRS Code.

By accepting this grant, you certify that, to the best of your knowledge, your organization, members of your governing body, your staff, and any consultants/contractor(s) for your project do not advocate, plan, sponsor, commit, threaten to commit, or support terrorism. By your acceptance of this grant, you agree to

provide us with information required for us to comply with Executive Order 13224, the USA Patriot Act, and other applicable laws, administrative rules, and Executive Orders. By accepting this grant, you further agree that all funds, including sub-awards to sub-recipients, will be used in compliance with all applicable anti-terrorist financing and asset control laws, regulations, rules, and executive orders. You also agree to take reasonable steps to ensure that no person or entity expected to receive funds in connection with this grant is designated on (a) the Annex to Executive Order No. 13224, as amended or supplemented from time to time, or (b) the Lists of Specially Designated Nationals or Blocked Persons maintained by the Office of Foreign Assets Controls of the U.S. Department of the Treasury. Finally, you certify that you will not provide material support or resources to an individual or entity that you know, or have reason to know, is acting as an agent for any individual or entity that advocates, plans, sponsors, engages in, or has engaged in, terrorist activity, or that has been so designated, and will immediately cease such support if an entity is so designated after the date of this Grant Agreement.

#### Acceptance

By signing and returning a copy of this Grant Agreement, you are agreeing to the grant conditions as stated in this Grant Agreement and confirming that the project dates and referenced budget are correct. You also confirm that the project funded by this grant is under your complete control. Your organization further confirms that it has and will exercise control over the process of selecting any secondary grantee or consultant, that the decision made or that will be made on any such selection is completely independent of us, and further, that there does not exist an agreement, written or oral, under which we have caused or may cause the selection of a secondary grantee or consultant. This letter contains the entire agreement between your organization and The Kresge Foundation, and there are no terms or conditions, oral or written, governing the use of the grant funds other than those contained in this letter. We may withdraw this grant if we do not receive your acceptance within 30 days of the date of this Grant Agreement.

Please sign this Grant Agreement in the space provided below and return **one** complete copy of the signed Grant Agreement. You may return to us an original signed copy, or a photocopy, facsimile, electronic copy, or other signed copy, which you agree will have the same effect for all purposes as the original. In countersigning this Grant Agreement, you represent to us that you have the authority to sign this Grant Agreement on your organization's behalf.

We look forward to working in partnership with you during the life of your grant and wish you much success in your work.

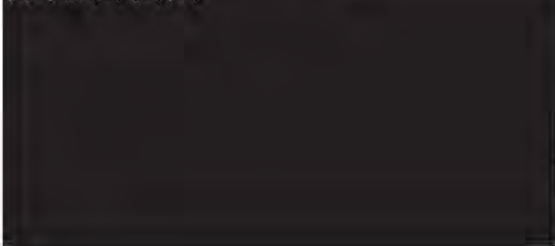
For The Kresge Foundation

(b) (6), (b) (7)(C)



For The Rebuild Foundation

(b) (6), (b) (7)(C)





## SURDNA FOUNDATION

A FAMILY FOUNDATION ESTABLISHED BY JOHN E. ANDRUS IN 1917

330 MADISON AVENUE, 30TH FLOOR • NEW YORK, NEW YORK 10017-5001 • PHONE 212-557-0010 • FAX 212-557-0003 • WWW.SURDNA.ORG

July 28, 2015

(b) (6), (b) (7)(C)

Rebuild Foundation  
6918 South Dorchester Avenue  
Chicago, IL 60637

RE Grant #:2015-30024081

Dear (b) (6), (b) (7)(C):

I am pleased to inform you that the Surdna Foundation has awarded a \$225,000 grant to Rebuild Foundation. This grant will have a duration of 36 months, with a start date of 8/1/15 and an end date of 7/31/18. The purpose of the grant is to produce an array of programs for artists and residents alike to encourage a new narrative of and support fellowship, rejuvenation, and intellectual rigor on for Chicago's South Side.

Enclosed please find a Grant Agreement describing the terms and conditions of the grant. Please review this document carefully and return a signed copy to us as soon as possible – we will need this in order to process your grant payment. (Please also be sure to keep a copy for your records).

If you have any questions regarding the scope and purpose of the grant, including grant modifications and no-cost extensions, please contact (b) (6), (b) (7)(C) (b) (6), (b) (7)(C), at (b) (6), (b) (7)(C)@surdna.org. For administrative questions regarding payments, reporting requirements and/or technical issues please email the Office of Grants Management at grants@surdna.org.

Thank you for your work in helping to foster just and sustainable communities. It is our honor to provide support for your efforts.

Sincerely,

(b) (6), (b) (7)(C)

cc: (b) (6), (b) (7)(C)

### BOARD OF DIRECTORS

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ELIZABETH H. ANDRUS

JUDY BECK

PETER B. BENNETT, II

CARRA GOTT-ACALAI

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TRACY PALANTIAN

MICHAEL S. SPENCER, D.V.M.

GWYN WARDEN

### PRESIDENT

PHILIP W. HENDERSON

**From:** [Guerrero, Maria](#)  
**To:** (b) (6), (b) (7)(C)  
**Subject:** Address  
**Date:** Friday, April 7, 2017 9:07:00 AM  
**Attachments:** [image001.gif](#)

---

(b) (6), (b) (7)(C)

The address that we have on file for you is:

(b) (6), (b) (7)(C)

This is where we will send the dismissal letter. Let me know if there are any changes to your address.

Regards,

**Maria G. Guerrero, Field Examiner**  
National Labor Relations Board | Region 13  
219 South Dearborn Street, Suite 808  
Chicago, Illinois 60604

Main: 312.353.7570  
Direct: 312.353.0329  
Fax: 312.886.1341

**From:** [Gianopulos, Kate](#)  
**To:** [Guerrero, Maria](#)  
**Subject:** Re: Rebuild Foundation: 13-CA-193618 & 13-CA-195032  
**Date:** Friday, April 7, 2017 8:57:42 AM

---

(b) (5)

Get [Outlook for iOS](#)

---

**From:** Guerrero, Maria  
**Sent:** Friday, April 7, 2017 8:55:37 AM  
**To:** Gianopulos, Kate  
**Subject:** FW: Rebuild Foundation: 13-CA-193618 & 13-CA-195032

Kate,-

(b) (5)

Maria

---

**From:** Thomas, James D. (Chicago) [mailto:James.Thomas@jacksonlewis.com]  
**Sent:** Thursday, April 06, 2017 5:58 PM  
**To:** Guerrero, Maria <Maria.Guerrero@nlrb.gov>  
**Cc:** Herring, Sean C. (Chicago) <Sean.Herring@jacksonlewis.com>  
**Subject:** Rebuild Foundation: 13-CA-193618 & 13-CA-195032

Maria:

I have reviewed the content of your email with Rebuild Foundation. Like virtually all of (b) (6), (b) (7)(C) statements, (b) (6) claims about funding to Rebuild are misguided at best. As set forth in the Form 990s (which Rebuild is required to submit to the federal government) and the revenue statement for 2016 that I previously provided to you, Rebuild Foundation has had less than \$1 million in annual revenues during every year except 2015. Rebuild Foundation also is on track to have less than \$1 million in revenue during 2017. Indeed, through the first quarter of 2017, Rebuild only had approximately \$140,000 in revenue. Rebuild Foundation responds to (b) (6), (b) (7)(C) list as follows:

**The Knight Foundation:** This was a grant of \$3.5 million that went to University of Chicago, and a small part was subawarded to the Rebuild Foundation (\$200K). The \$200K of revenue is reflected in the documents previously provided to you. Additionally, I am attaching the grant documents evidencing that the University of Chicago is the primary recipient of the grant.

**JPB, Rockefeller, Kresge and Knight:** The \$5 million in funding referenced in these links was given to an organization called the Space Fund NFP. The Space Fund NFP is a separate legal entity from Rebuild Foundation, and none of the grant money referenced in these articles has gone to Rebuild. I have attached documents showing that the money was given to Space Fund NFP, not Rebuild Foundation.

**Kresge:** This organization gave Rebuild Foundation \$200K over the span of 2 years. All of this money is reflected in the revenue documents previously provided. Documents concerning this grant are attached.

**Surdna:** This organization gave Rebuild Foundation \$225k over the span of 3 years (2015, 2016, 2017). The 2015 and 2016 grants are reflected in the revenue documents previously provided. Rebuild Foundation has not yet received the 2017 grant. Documents concerning this grant are attached.

**Artplace:** This organization gave Rebuild Foundation \$250k in 2013. This grant is reflected in the revenue documents previously provided.

**Arts & Public Life at the University of Chicago:** There is no article or information linked to this entry. This organization has provided occasional financial support to Rebuild Foundation, mostly in the \$5-\$10k range. Any funds provided by this organization are reflected in the revenue documents previously provided.

**The National Endowment for the Arts:** There is no article or information linked to this entry. This organization has not provided any funds to Rebuild Foundation in recent years.

**The French Embassy in the U.S:** There is no article or information linked to this entry. This organization provided a small grant to Rebuild Foundation for a residency program that has an annual budget of 30k. Any funds provided by this organization are reflected in the revenue documents previously provided.

**Bloomberg Philanthropies:** There is no article or information linked to this entry. This organization provided a grant of \$25k per year for a 2 year period. Any funds provided by this organization are reflected in the revenue documents previously provided. Documents concerning this grant are attached.

As you can see, many of the large grants to which (b) (6), (b) (7)(C) has directed you were not given to the Rebuild Foundation. In those situations in which Rebuild Foundation received some or all of a grant, it properly reported that revenue on its Form 990s and in the 2016 revenue document previously provided to you. I trust that this information will be sufficient to determine conclusively that Rebuild Foundation does not meet the Board's jurisdictional standards and that (b) (6), (b) (7)(C) charges must be dismissed. Nonetheless, please do not hesitate to contact me if additional information or clarification is necessary.

Jim

[James D. Thomas](#)

Attorney at Law

**Jackson Lewis P.C.**

150 North Michigan Avenue

Suite 2500

Chicago, IL 60601

Direct: (312) 803-2552 | Main: (312) 787-4949

[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com) | [www.jacksonlewis.com](http://www.jacksonlewis.com)

***Jackson Lewis P.C. is included in the 2016 rankings of the AmLaw 100 and Global 100 law firms.***

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***Jackson Lewis P.C. is included in the 2016 rankings of the AmLaw 100 and Global 100 law firms.***

---

**From:** Guerrero, Maria [<mailto:Maria.Guerrero@nlrb.gov>]

**Sent:** Monday, April 03, 2017 2:44 PM

**To:** Thomas, James D. (Chicago) <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>

**Cc:** Herring, Sean C. (Chicago) <[Sean.Herring@jacksonlewis.com](mailto:Sean.Herring@jacksonlewis.com)>

**Subject:** RE: Rebuild Foundation: 13-CA-193618 & 13-CA-195032

Jim,

The Region would like a response no later than noon on 4/7/17.

Thanks,

Maria

---

**From:** Guerrero, Maria

**Sent:** Monday, April 03, 2017 1:10 PM

**To:** 'Thomas, James D. (Chicago)' <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>

**Cc:** Herring, Sean C. (Chicago) <[Sean.Herring@jacksonlewis.com](mailto:Sean.Herring@jacksonlewis.com)>

**Subject:** FW: Rebuild Foundation: 13-CA-193618 & 13-CA-195032

Jim,

Following up on our conversation, the Charging Party asserts that the listings below are from organizations that provided funding / grants to Rebuild Foundation and that the amount of revenue generated from these entities would be sufficient to establish that Rebuild meets the Board's revenue standard. As discussed, the first one, Knight Foundation,

really gave me pause because of the amount and it indicating that it was effective through 3/31/2017. For all of the organizations listed below, could you please provide me with a response on what grants / revenue was received from the entities below, including the amount, the year it was received or applicable towards, and of course any documentary evidence that would back up the clients response. Please note, only the first six are links.

[Knight Foundation](#)

[The JPB Foundation](#)

[Kresge Foundation](#)

[The Rockefeller Foundation](#)

[Surdna Foundation](#)

[ArtPlace](#)

Arts & Public Life at the University of Chicago

The National Endowment for the Arts

The French Embassy in the U.S

Bloomberg Philanthropies

Regards,

**Maria G. Guerrero, Field Examiner**

National Labor Relations Board | Region 13

219 South Dearborn Street, Suite 808

Chicago, Illinois 60604

Main: 312.353.7570

Direct: 312.353.0329

Fax: 312.886.1341

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**From:** [Thomas, James D. \(Chicago\)](#)  
**To:** [Guerrero, Maria](#)  
**Cc:** [Herring, Sean C. \(Chicago\)](#)  
**Subject:** RE: Rebuild Foundation: 13-CA-193618 & 13-CA-195032  
**Date:** Friday, April 7, 2017 10:12:56 AM

---

Maria:

I just noticed that there is a typographical error in the email I sent to you yesterday. The University of Chicago subawarded \$250k, not \$200k, to Rebuild Foundation. The \$250k is reflected in the documents previously provided to you, but I wanted to correct the number for accuracy.

Jim

**James D. Thomas**

Attorney at Law

**Jackson Lewis P.C.**

150 North Michigan Avenue

Suite 2500

Chicago, IL 60601

Direct: (312) 803-2552 | Main: (312) 787-4949

[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com) | [www.jacksonlewis.com](http://www.jacksonlewis.com)

***Jackson Lewis P.C. is included in the 2016 rankings of the AmLaw 100 and Global 100 law firms.***

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**To:** Guerrero, Maria <Maria.Guerrero@nlrb.gov>  
**Cc:** Herring, Sean C. (Chicago) <Sean.Herring@jacksonlewis.com>  
**Subject:** Rebuild Foundation: 13-CA-193618 & 13-CA-195032

Maria:

I have reviewed the content of your email with Rebuild Foundation. Like virtually all of (b) (6), (b) (7)(C) statements, (b) (6) claims about funding to Rebuild are misguided at best. As set forth in the Form 990s (which Rebuild is required to submit to the federal government) and the revenue statement for 2016 that I previously provided to you, Rebuild Foundation has had less than \$1 million in annual revenues during every year except 2015. Rebuild Foundation also is on track to have less than \$1 million in revenue during 2017. Indeed, through the first quarter of 2017, Rebuild only had approximately \$140,000 in revenue. Rebuild Foundation responds to (b) (6), (b) (7)(C) list as follows:

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information or clarification is necessary.

Jim

**James D. Thomas**

Attorney at Law

**Jackson Lewis P.C.**

150 North Michigan Avenue

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**From:** Guerrero, Maria [<mailto:Maria.Guerrero@nlrb.gov>]

**Sent:** Monday, April 03, 2017 2:44 PM

**To:** Thomas, James D. (Chicago) <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>

**Cc:** Herring, Sean C. (Chicago) <[Sean.Herring@jacksonlewis.com](mailto:Sean.Herring@jacksonlewis.com)>

**Subject:** RE: Rebuild Foundation: 13-CA-193618 & 13-CA-195032

Jim,

The Region would like a response no later than noon on 4/7/17.

Thanks,

Maria

---

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**Sent:** Monday, April 03, 2017 1:10 PM

**To:** 'Thomas, James D. (Chicago)' <[James.Thomas@jacksonlewis.com](mailto:James.Thomas@jacksonlewis.com)>

**Cc:** Herring, Sean C. (Chicago) <[Sean.Herring@jacksonlewis.com](mailto:Sean.Herring@jacksonlewis.com)>

**Subject:** FW: Rebuild Foundation: 13-CA-193618 & 13-CA-195032

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[Knight Foundation](#)

[The JPB Foundation](#)

[Kresge Foundation](#)

[The Rockefeller Foundation](#)

[Surdna Foundation](#)

[ArtPlace](#)

Arts & Public Life at the University of Chicago

The National Endowment for the Arts

The French Embassy in the U.S

Bloomberg Philanthropies

Regards,

**Maria G. Guerrero, Field Examiner**

National Labor Relations Board | Region 13

219 South Dearborn Street, Suite 808

Chicago, Illinois 60604

Main: 312.353.7570

Direct: 312.353.0329

Fax: 312.886.1341

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Case Name: Rebuild Foundation  
Case No.: 13-CA-193618  
Agent: Maria G Guerrero

CASEHANDLING LOG

(b) (5), (b) (7)(C) /17

(b) (6), (b) (7)(C)

Called ER to see if they would be represented - left VM

NOA - Jim Thomas - via phone call.

3/1/17 convo with ER counsel re case - (b) (5), (b) (6), (b) (7)(C)

3/2/17 sent EAJA letter

3/2/17 issuance of allegations letter - response deadline 3/15/17

3/2/17 TC to CP, no response left message. (b) (5)  
(b) (5)

See MMZ in file re TC with CP

3/3/17 Emailed the CP asking for copy of reinstatement letter. Got an email from CP, the signed reinstatement later. (b) (5), (6), (b) (7)(C)

CP email regarding (b) (5), (6) concerns - (b) (5)  
(b) (5)

3/9/17 CP leaves message (b) (6), (b) (7)(C)

3/10/17 I replied via email that I could not provide (b) (5), (6) with legal guidance.

3/13/17 CP leaves voicemail message (b) (6), (b) (7)(C)  
(b) (6), (b) (7)(C)

3/14/17 morning - another VM left. I called back no response. (b) (5), (6), (b) (7)(C)  
(b) (5), (6), (b) (7)(C)

Convo with ER counsel - they are disputing jurisdiction. Asked for financial documents showing they do not meet jurisdictional standard be provided with response due 3/15/17.

3/15/17 PST due.  
(b) (5)

3/20/17 notified the CP that (b) (6), (b) (7)(C) new charge was received.  
Informed ER counsel that a new charge had been filed against his client.

3/23/17 TC / VM follow up with ER on 990

3/27/17 (b) (5)

3/28/17 (b) (5)

3/29/17 (b) (5)

(b) (5)




3/30/17

(b) (5)



3/31/17

reminded CP via email I needed  response by Monday, (b) (5)



Case Name: Rebuild Foundation  
Case No.: 13-CA-195032  
Agent: [AGENT NAME AND TITLE]

## CASEHANDLING LOG

[illegible]



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 13  
Dirksen Federal Building  
219 South Dearborn Street, Suite 808  
Chicago, IL 60604-2027

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (312)353-7570  
Fax: (312)886-1341

April 7, 2017

(b) (6), (b) (7)(C)

Re: Rebuild Foundation  
Case 13-CA-193618

Rebuild Foundation  
Case 13-CA-195032

Dear (b) (6), (b) (7)(C):

We have carefully investigated and considered your charges that Rebuild Foundation has violated the National Labor Relations Act.

**Decision to Dismiss:** You have alleged in case 13-CA-193618, that the Employer discharged you because you engaged in protected concerted activities. In case 13-CA-195032, you alleged that the Employer instituted new accountability measures for you in retaliation of your protected conduct and in order to discourage further protected activity. However, the evidence is insufficient to show that the Employer conducts a sufficient amount of business in interstate commerce such that the Board would assert jurisdiction over the Employer.

**Your Right to Appeal:** You may appeal my decision to the General Counsel of the National Labor Relations Board, through the Office of Appeals. If you appeal, you may use the enclosed Appeal Form, which is also available at [www.nlr.gov](http://www.nlr.gov). However, you are encouraged to also submit a complete statement of the facts and reasons why you believe my decision was incorrect.

**Means of Filing:** An appeal may be filed electronically, by mail, by delivery service, or hand-delivered. Filing an appeal electronically is preferred but not required. The appeal MAY NOT be filed by fax or email. To file an appeal electronically, go to the Agency's website at [www.nlr.gov](http://www.nlr.gov), click on **E-File Documents**, enter the **NLRB Case Number**, and follow the detailed instructions. To file an appeal by mail or delivery service, address the appeal to the **General Counsel at the National Labor Relations Board, Attn: Office of Appeals, 1015 Half Street SE, Washington, DC 20570-0001**. Unless filed electronically, a copy of the appeal should also be sent to me.

**Appeal Due Date:** The appeal is due on **April 21, 2017**. If the appeal is filed electronically, the transmission of the entire document through the Agency's website must be completed **no later than 11:59 p.m. Eastern Time** on the due date. If filing by mail or by delivery service an appeal will be found to be timely filed if it is postmarked or given to a

delivery service no later than April 20, 2017. **If an appeal is postmarked or given to a delivery service on the due date, it will be rejected as untimely.** If hand delivered, an appeal must be received by the General Counsel in Washington D.C. by 5:00 p.m. Eastern Time on the appeal due date. If an appeal is not submitted in accordance with this paragraph, it will be rejected.

**Extension of Time to File Appeal:** The General Counsel may allow additional time to file the appeal if the Charging Party provides a good reason for doing so and the request for an extension of time is **received on or before April 21, 2017.** The request may be filed electronically through the *E-File Documents* link on our website [www.nlr.gov](http://www.nlr.gov), by fax to (202)273-4283, by mail, or by delivery service. The General Counsel will not consider any request for an extension of time to file an appeal received after April 21, 2017, **even if it is postmarked or given to the delivery service before the due date.** Unless filed electronically, a copy of the extension of time should also be sent to me.

**Confidentiality:** We will not honor any claim of confidentiality or privilege or any limitations on our use of appeal statements or supporting evidence beyond those prescribed by the Federal Records Act and the Freedom of Information Act (FOIA). Thus, we may disclose an appeal statement to a party upon request during the processing of the appeal. If the appeal is successful, any statement or material submitted with the appeal may be introduced as evidence at a hearing before an administrative law judge. Because the Federal Records Act requires us to keep copies of case handling documents for some years after a case closes, we may be required by the FOIA to disclose those documents absent an applicable exemption such as those that protect confidential sources, commercial/financial information, or personal privacy interests.

Very truly yours,

/s/Peter Sung Ohr

Peter Sung Ohr  
Regional Director

Enclosure

cc: (b) (6), (b) (7)(C)  
Rebuild Foundation  
6760 S Stony Island Ave  
Chicago, IL 60649-1026

James D. Thomas, Esq.  
Jackson Lewis P.C.  
150 N Michigan Ave Suite 2500  
Chicago, IL 60601-7619

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD

**APPEAL FORM**

To: General Counsel  
Attn: Office of Appeals  
National Labor Relations Board  
1015 Half Street SE  
Washington, DC 20570-0001

Date:

Please be advised that an appeal is hereby taken to the General Counsel of the National Labor Relations Board from the action of the Regional Director in refusing to issue a complaint on the charge in

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Case Name(s).

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Case No(s). *(If more than one case number, include all case numbers in which appeal is taken.)*

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*(Signature)*